California State Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814
Phone (916) 445-5014
Fax (916) 327-6308

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

NOTICE OF MEETING and AGENDA
Communication and Public Education Committee

Time: 9:30 a.m. – 12 noon
Date: September 21, 2004
Place: Department of Consumer Affairs
400 R Street, Suite 4080, Sacramento, CA 95814

This committee meeting is open to the public and is held in a barrier-free facility in accordance with the Americans with Disabilities Act. Any person with a disability who requires a disability-related modification or accommodation in order to participate in the public meeting may make a request for such modification or accommodation by contacting Candy Place at (916) 445-5014, at least five working days before the meeting. Candy Place can also provide further information prior to the meeting and can be contacted at the telephone number and address set forth above. This notice is posted at *www.pharmacy.ca.gov*.

Opportunities are provided for public comment on each agenda item.

MEETING AGENDA

A. Call to Order

B. Development of Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

C. Report on the First Meeting of the California Health Communication Partnerships

D. How Can the Board of Pharmacy Can Improve and Facilitate Communications with the Public and its Licensees

E. Development of Internet Subscriber Lists for Board Materials

F. Discussion of Planned Activities to Fulfill Strategic Goals – Update Report
   1. Status of *The Script*
   2. Discussion: *Health Notes* Publication Plans for the Future
   3. Emergency Contraception Fact Sheet and Protocol
   4. Redesign of the Board's Web Site

G. Center for Health Improvement: Pending Survey to Study the Impact of the Patient Consultation Mandate on Older Californians

H. Update on the Board's Public Outreach Activities

I. Discussion: Survey Published by the Kaiser Family Foundation/Harvard School of Public Health: "Views of the New Medicare Drug Law"

J. Adjournment 12 noon

Meeting materials will be on the board's Web site by September 15th

Agenda Item B

Development of Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

State of California Department of Consumer Affairs

Memorandum

To: **Communication and Public Education Committee** **Date: September 12, 2004**

From: **Board of Pharmacy – Virginia Herold**

Subject: **Development of Fact Sheet Series for Consumers**

At the April 2004 Board Meeting, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. The project selected will have students develop one-page fact sheets on diverse health care topics. The board will work with the UCSF's Center for Consumer Self Care to develop these fact sheets, using students from UCSF and UCSD.

The proposal is for pharmacist interns to develop new public education materials on specific topics the students learn about during their internships or classes, or topics that are emerging public policy matters. A prototype format for a series of fact sheets will be developed. Each student could complete the information and be acknowledged with a credit at the bottom of the fact sheet. This would benefit the resumes of those students who prepare the fact sheets, and via the availability of the information, the public and the board would benefit. The standardized format would make it easy for students and the board to develop and produce, and easy for the public to reference.

Details for these fact sheets will be discussed during this meeting. Bill Soller, PhD, of the UCSF Center for Consumer Self Care will attend the meeting.

Dr. Soller is reviewing several sources of already published materials, and will convert one or two into prototypes to serve as examples to the interns of the content desired. I will attach a copy of the initial prototype of the format envisioned, although the final format of the fact sheets will be different.

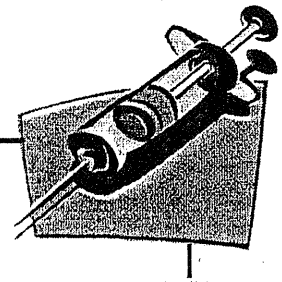
Responsible use and self-use of medication will be a primary unifying theme for the fact sheets. After the concepts for the fact sheets are developed.

Dr. Soller, Dr. Schell and myself have generated the following potential list of topics:

1. Different dosage form of drugs -- the ability for patients to request a specific type of product (liquid or capsule) that would best fit the patients' needs for a given type of medication. Also differences between tablespoons, mLs, cc, teaspoon measures.
2. Rebound headaches and the danger of taking too many OTC pain relievers for headaches
3. Hormone replacement therapy -- what is the current thinking?
4. Pediatric issues
5. Poison control issues

6. Ask for drug product information and labels in your native language if you cannot read English
7. Cough and cold meds and addiction issues (specifically, dextromethorophan)
8. Disposal of unused medications
9. How to best use your pharmacist to enhance your health
10. Describe each member of the health care team. When should a patient contact a particular practitioner? What is the role of each practitioner? What can a patient learn from each?
11. Herbal supplement uses and cautions
12. Early warning signs about stroke – what you need to know to take action sooner
13. Medication Compliance – take your medication, when doses are required, when should you stop?

MEDICATION FACTS FOR BETTER HEALTH



TOPIC: Flu Vaccines

ANECDOTAL SITUATION:

An enticing real-life hypothetical situation provided here that relates to the Topic above. Include in discussion a description of the impact on the patient if left untreated.

FACTS PATIENTS SHOULD KNOW:

Information provided on the topic here. For example, discussion surrounding the importance of flu vaccines in the prevention of contacting various flu strains that could result in death.

KEY POINTS FOR PATIENT HEALTH

- ✓ Key Point #1
- ✓ Key Point #2
- ✓ Key Point #3
- ✓ Key Point #4
- ✓ Key Point #5
- ✓ Key Point #6

For additional resources, you may want to check:

Agenda Item C

Report on the First Meeting of the California Health Communication Partnerships

State of California Department of Consumer Affairs

Memorandum

To: **Communication and Public Education Committee** **Date: September 11, 2004**

From: **Board of Pharmacy – Virginia Herold**

Subject: **California Health Communication Partnership Meeting Update**

At the July board meeting, the board voted to become a founding member of California Health Communication Partnerships. This group is spearheaded by the UCSF's Center for Self Care to improve the health of Californians by developing and promoting consumer health education programs and activities developed by the members in an integrated fashion. Bill Soller, PhD, is the director of this Center for Self Care.

At the first meeting, held September 2, 2004, the partnership began discussions of how to proceed. Present were a group of founding members called the Steering Committee (the agenda is attached). Present from the board were Committee Chair Andrea Zinder, Patricia Harris and me. There was also representation from the CSHP, CMA, Medical Board of California, UCSF, and the Department of Consumer Affairs. Via telephone were representatives of the Food and Drug Administration and the National Consumers League.

The core of the meeting was aimed at developing health priority topics for the partnership. A primary component was a review of the many materials developed by the FDA in the last few years. Few of the individuals at the meeting were aware of all of the materials.

After discussion, for its first integrated project, the partnership tentatively selected to focus on the FDA materials developed for practitioners and patients on antibiotic use, misuse and overuse (copies attached).

The next meeting is October 4, where a more in-depth discussion of this coordinated project will take place.

California Health Communication Partnership

CHCP Steering Committee

September 2, 2004 (1:00 pm - 4:00 pm)
Location: California State Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814
(916) 324-2302 ext. 4004

Draft Agenda

I. Welcome and Introduction

II. Purpose of the Meeting

a. Review and obtain agreement on the draft strategic plan, including mission, values and 2004-5 activities;
b. Identify subgroups, as needed, to address follow-up issues;
c. Determine meeting schedule and agenda for next meeting.

III. Review of the Agenda

IV. Strategic Plan

A. Overview
B. Mission and Values
C. Operations
D. 2004-5 Activities
E. Other

V. Membership

A. Overview and Update: Partners and Collaborators
B. Discussion
C. Subgroup to Develop Recommendations

VI. List of Possible Demonstration Projects

A. Overview
B. Criteria
C. Available Materials
   1. Perspective and Comments from FDA (Ellen Shapiro)
D. Discussion
E. Subgroup to Develop Recommendations

VII. Development of Support Proposals

A. Project areas
B. Development Plan

VIII. Future Meetings

IX. Next Steps

X. Other

XI. Adjournment

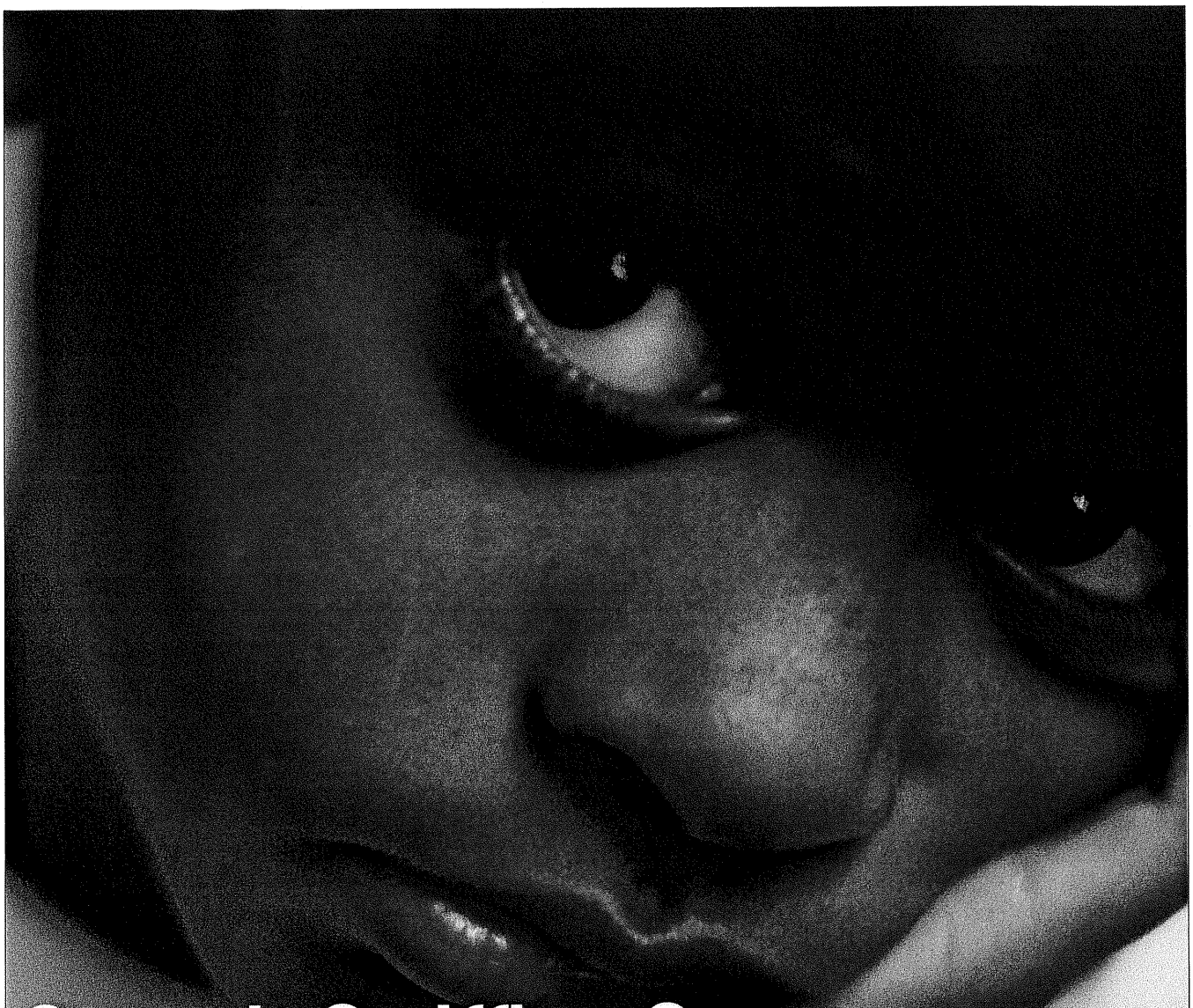
PRESERVE A TREASURE

Antibiotics are precious resources but they are not cure-alls for all that ails your patients. Let us help you keep antibiotics potent resources that you and your patients can count on.

Contact FDA for bulk copies of "**Preserve a Treasure: Know When Antibiotics Work**" an easy-to-read brochure of frequently asked questions to help your patients understand the importance of prudent antibiotic use.

dpapubs@cder.fda.gov or 1-888-INFO-FDA

U.S. Department of Health and Human Services
Food and Drug Administration



Snort. Sniffle. Sneeze.

No Antibiotics Please.

Treat colds and flu with care. Talk to your doctor.

As a parent, you want to help your child feel better. But antibiotics aren't always the answer. They don't fight the viruses that cause colds and flu. What will? Fluids and plenty of rest are best. Talk to your doctor. Find out when antibiotics work – and when they don't. The best care is the right care.

For more information, please call 1-888-246-2675 or visit www.cdc.gov/getsmart.

GET SMART
Know When Antibiotics Work

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CDC
SAFER · HEALTHIER · PEOPLE

FDA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Over-the-Counter Medications:

There are a variety of OTC medications out there to also help you feel better. Always read the label – including the warnings – before taking any medication. If you have a pre-existing medical condition, such as high blood pressure, diabetes or heart disease, check with your doctor about which OTC product is best for you.

Antihistamine: reduces itchy watery eyes, sneezing, scratchy throat

Decongestant: reduces nasal congestion

Cough Suppressant: reduces coughing

Expectorant: breaks up mucus (phlegm) in the chest

Pain reliever: reduces aches and pain

Fever Reducer: reduces body temperature

Contact Your Doctor Again if:

- Your symptoms get worse.
- Your symptoms last a long time.
- After feeling a little better, you develop signs of a more serious problem. Some of these signs are a sick-to-your-stomach feeling, vomiting, high fever, shaking chills, chest pain.

A message from the
"Get Smart: Know When Antibiotics Work"
campaign.

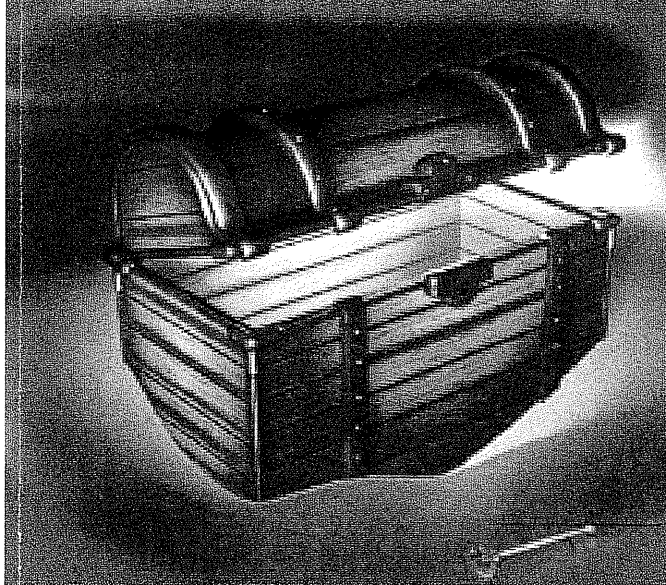
For more information:
http://www.fda.gov/oc/opacom/hottopics/anti_resist.html

U.S. Department of Health and Human Services
Food and Drug Administration

(FDA) 03-1513A

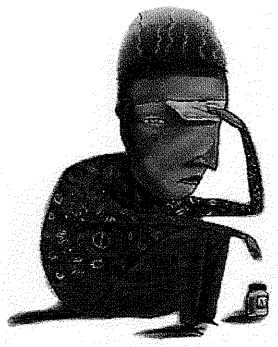
U.S. Department of Health and Human Services
Food and Drug Administration

PRESERVE A TREASURE



Know When Antibiotics Work

Cough?
Sore throat?
Runny nose?



You or a loved one feels miserable and you've come to the doctor looking for help.

Q: I'm sick. Don't I need a prescription for an antibiotic?
A: Your doctor has examined you and determined that your illness is caused by a viral infection. Antibiotics do NOT treat viral illnesses like colds, flu and most sore throats.

Q: If antibiotics don't treat viral illnesses like cold and flu, what do they treat?
A: Antibiotics are used to treat illnesses caused by bacteria. Examples of illnesses caused by bacteria include strep throat, tuberculosis and many types of pneumonia.

Q: Even though my illness may be caused by a virus, what harm can it do to take an antibiotic?
A: Taking antibiotics when they aren't needed contributes to the serious problem of antibiotic resistance.

Q: What is antibiotic resistance?
A: This is when bacteria cannot be killed by antibiotics. The bacteria has become resistant. If this continues, over time some recurring infections may have to be treated with different and stronger antibiotics and the very real possibility that eventually no antibiotic will be effective in killing the bacteria.

Q: If antibiotics will not help me, what will?
A: There are many over-the-counter products available to treat the symptoms of your viral infection. These include cough suppressants which will help control coughing and decongestants to help relieve a stuffy nose. Read the label and ask your pharmacist or doctor if you have any questions about which will work best for you.

Help Yourself Feel Better While You Are Sick

A cold usually lasts only a couple of days to a week. Feeling tired from the flu may continue for several weeks.

To feel better while you are sick:

- Drink plenty of fluids.
- Get plenty of rest.
- Use a humidifier — an electric device that puts water into the air.

Agenda Item D

Discussion: How Can the Board of Pharmacy Improve and Facilitiate Communciations with the Public and its Licensees

State of California Department of Consumer Affairs

Memorandum

To: Communication and Public Education Committee

Date: September 10, 2004

From: Virginia Herold

Subject: How Can the Board of Pharmacy Improve Communication with the Public and Licensees

At the board's July Meeting, President Goldenberg stated that one of the priorities for his term is to improve the communication of the board with its licensees and with the public.

To this end, each of the board's committees will hold a public meeting before the October board meeting with this topic listed as a discussion item. The goal is to establish a dialogue with our stakeholders on improving communication, and to bring these to the next board meeting.

The board has several broad-based means of communication with the public and with licensees:

- Quarterly board meetings, where public input for each agenda area has public input scheduled as a component.
- Web site information
- Consumer education materials
- Co-sponsorship of public education events (e.g., 2003's Hot Topic Seminars with the UCSF School of Pharmacy)
- Attendance at continuing education fairs
- Attendance/staffing at public education fairs and events
- A subscriber e-mail notification system about major new information added to the board's site (about to be implemented)

The board has at least 19 public meetings annually, where an agenda is mailed and posted on our Web site 10 days before a meeting. There are four board meetings, and at least 15 additional public meetings of board committees (all meetings of Public Education, Enforcement and Licensing are public, at least two Legislation and Regulation Committee meetings are public each year, as is at least one Organizational Development Committee meeting).

In addition, the board currently uses various means of communication with licensees:

- *The Script* newsletter

- Presentations by board members and supervising inspectors of the board's CE outreach programs to groups of pharmacists, typically at professional meetings (at least 34 presentations were provided during 2003/04)
- Attendance and staffing of information booths at major educational fairs hosted by the major pharmacist associations
- In rare cases, letters are mailed directly to licensees advising them about major changes in programs (for example, changes in wholesaler requirements or foreign graduation evaluations)
- *Health Notes,* a health monograph developed by the board in a particular area that contains current drug treatment modalities, and which provides continuing education for pharmacists in subjects of importance to the board.

Perhaps less broad-based, but certainly important means of communicating with the public or licensees include:

- Inspections (2,582 inspections were conducted during 2003/04)
- Written, faxed and telephone inquiries directly to the board.
- Surveys of all complainants following closure of their complaints
- Coming is a "Web site User Survey" (currently the board's Web site is being redesigned. One new component will be a "Web site user survey" to seek feedback on the Web site. This information will be used to enhance our Web site)

The board periodically attempts new means of providing information to licensees and other interested parties. As an example, since April, board staff have provided at least three teleconferenced continuing education sessions dealing with the implementation of SB 151 regarding new requirements for the prescribing and dispensing of controlled substances. We also have produced our first audio tape of one of these teleconferences which is now available on our Web site, so individuals can obtain the information whenever convenient for them.

A board member and staff also attended each of the four California schools of pharmacy this spring to advise graduating students about the new licensure examinations and processes.

Agenda Item E

Development of Internet Subscriber Lists for Board Materials

State of California Department of Consumer Affairs

Memorandum

To: Communication and Public Education Committee

Date: September 11, 2004

From: Virginia Herold

Subject: Internet Subscriber Service for Board Web Site Updates

The board and the Department of Consumer Affairs are ready to activate a subscriber list feature on the board's Web site.

This feature would send e-mails to interested parties announcing that the board's Web site has been updated. The interested parties would subscribe themselves to the board's Web site, and be responsible for keeping their e-mail addresses current. There would be no fee to the subscriber, and no workload to the board to keep the e-mail addresses up to date.

The board will be the first agency in the department to use this feature, but other agencies will soon follow. This feature could be up and running by the time of this meeting on September 21.

The board will highlight this service in the next *The Script.*

This service has the potential to substantially reduce the board's mailing expenses as well as printing costs. Materials that the board currently publishes and mails could be sent without cost via e-mail. Such a notification system would allow the board to update licensees far more quickly about new information and laws.

According to the department, this e-mailing list is not considered a public record under the Public Records Act.

Agenda Item F

Discussion of Planned Activities to Fulfill Strategic Goals

1. *Status of The Script*
2. *Health Notes Publication Plans*
3. *Emergency Contraception Fact Sheet and Protocol*
4. *Redesign of the Board's Web Site*

State of California Department of Consumer Affairs

Memorandum

To: Communication and Public Education Committee

Date: September 11, 2004

From: Virginia Herold

Subject: Planned Activities to Fulfill Strategic Goals

Item 1. Update on *The Script*

The state's hiring freeze ended on July 1, and the board has since been able to hire former Newsletter Editor Hope Tamraz as a retired annuitant. Ms. Tamraz will continue to develop *The Script* as a principal part of her duties.

Currently the board is finalizing articles for a November-release edition of *The Script.*

The last issue of *The Script* was published and mailed to pharmacies in March 2004, and was later reprinted by the CPhA's Pharmacy Foundation of California and mailed to California pharmacists in early June.

Item 2. Update on *Health Notes*

Health Notes is a monograph, produced by the board, that contains up-to-date drug therapy guidelines for a specific subject area. Because *Health Notes* is produced by the board, it conveys what the board believes is current drug treatment in a particular area. Pharmacists can earn continuing education credit by completing a test published at the back of the monograph. Thus the board provides information and actually is sponsoring CE in an area of importance to the board. Seven issues have been produced since 1996.

Under development are three issues:

1. Pain Management Issue:

The board's staff is working to complete this new issue on pain management, which should be published by the end of the year. The new issue will contain new pain management therapies and the new prescribing and dispensing requirements for controlled substances. It will be an interdisciplinary issue for pharmacists as well as physicians, dentists and nurse practitioners. Prominent pain management

authors have written the articles, and board staff and Board Member Schell are editing and coordinating the issue. The CSHP is seeking funding for production and mailing costs. Depending on how many grants the CSHP obtains for this issue, the board hopes to spend $0 on this issue.

2. Smoking Cessation

At the April 2004 Board Meeting, the board agreed to work with the UCSF to develop a *Health Notes* on smoking cessation. The UCSF is seeking funding for this issue from manufacturers of smoking cessation products. If a grant is provided to UCSF to do this issue, the manufacturers will nevertheless have no editorial or review control over the developed manuscript.

The board will be responsible for the layout and design of the issue. If funding permits, the board will print and mail the issue. If the board lacks funding for this ($85,000), the issue will be placed on the board's Web site.

3. UCSF Monograph on Atrial Fibrilation *(will not be called a Health Notes)*

At the April 2004 Board Meeting, the board voted to become a cosponsor with the UCSF School of Pharmacy to produce a monograph on Atrial Fibrilation. The audience would be pharmacists and physicians. Funding for this issue would come from a drug manufacturer. Continuing education credit for those who complete the reading would be one outcome of this project.

The UCSF intends that in place of publishing this issue as a printed monograph (such as *Health Notes*), to instead place the issue on the Web site for downloading, possibly as a CE program. There would be no direct costs to the board.

New Proposal for *Health Notes*:

The chairperson of the board's Competency Committee, RoseAnn Jankowski, who is a hospital pharmacist, is also active as a bioterrorism and disaster response team leader in Orange County.

Dr. Jankowski is interested in developing a pharmacist disaster response monograph for the board. The board currently has no information in this area available to distribute.

Dr. Jankowski is willing to coordinate this issue, without a fee, and has developed a list of articles and authors. The board could produce this issue as a *Health Notes* or as a special monograph and mail it or simply make it available on our Web site.

The following is a list of her topics for such an issue (she has identified authors, who are not included here):

(1) An introduction to the monograph provided by the board president
(2) Overview perspective of natural disasters, inadvertent disasters (i.e., nuclear power plant accident) and WMD/bioterrorism, the need for the medical community to respond and be prepared in such disasters
(3) Interpretation of current pharmacy laws dealing with emergency scenarios/dispensing
(4) Lessons learned: Individual experiences and perspectives from health care practitioners (a hospital pharmacist from the Northridge or Sylmar quakes, and a community pharmacist from the Northridge quake. What happened, how they reacted, and what they learned. Also one high-level primary physician director who was federally called-up and deployed in the 9-11 attack in NYC. This would give the perspectives of natural and non-natural disasters and the depths of care needed from health care practitioners in the same article).
(5) Local planning: the actions and experiences from one county. (The director of the Orange County Dept. of Health Services (who is actually a pharmacist) and the disaster coordinators)
(6) State planning: California's plans (including the state's Office of Emergency Services)
(7) The Strategic National Stockpile which can be deployed during emergencies.
(8) National planning and programs for health care providers and emergency response personnel in California.
(9) Specific medications/vaccines for use in WMD/bioterrorism events
(10) CE outline, educational objectives, questions, and answers

I am attaching of a newspaper article on Florida's recent emergency services caused by the recent hurricanes.

Item 3. Emergency Contraception Fact Sheet and Protocol

Since the July Board meeting, the board has updated the protocol to reflect a change in the manufacturers of the drugs. This protocol is on the board's Web site.

In early October, Board Member Ruth Conroy will attend the next meeting of the Pharmacy Access Partnership. This is the group that has promoted the role of pharmacists in providing emergency contraception over the last few years.

Dr. Conroy will be asked to provide an update about this meeting at the October Board Meeting.

Item 4. Redesign of the Board's Web Site

In the coming weeks, the board's Web site will be reconfigured into the mandated style of designed by the Governor's Office. The goal is to have all state Web sites look similar.

Four board staff are working on this project as a portion of their assigned workload.

Paul Riches

09/13/2004 09:53 AM

To: RArell10@dhs.ca.gov@DCANotes, Virginia Herold/Pharmacy/DCANotes@DCANotes, Patricia Harris/Pharmacy/DCANotes@DCANotes, Dana Winterrowd/EXEC/DCANotes@DCANotes, JArellano@dhs.ca.gov, joshua.room@doj.ca.gov

cc:

Subject: fyi

Now's the time to get vital drugs

By Bob LaMendola
Health Writer
Published September 11, 2004

South Florida hospitals were hustling on Friday to restock their pharmacies in anticipation of Hurricane Ivan, with a hard lesson fresh in their minds.

After Frances lingered for three days and knocked out power to many drugstores, larger than expected numbers of people ran out of medications and turned to emergency rooms to tide them over.

The extra demand squeezed hospital drug supplies, and prompted the industry to urge people to go to the drugstore before Ivan hits, to refill prescriptions that will run out in the next week or so.

"The storm just dragged on so long, most pharmacies were closed for four or five days. We almost became the supplier for the area," said Madeline Camejo, administrative director of pharmacy services at Memorial Regional Hospital in Hollywood.

ERs generally do not fill prescriptions for the public, but some of them did so after Frances if there was no alternative, hospital officials said.

"Hospitals are not equipped to become community pharmacies. We have to make sure we have enough for our own patients," said Rich Rasmussen, a spokesman for the Florida Hospital Association.

Health officials urged the same for people who need special medical care such as portable oxygen and kidney dialysis. Many such patients scrambled to find care after Frances struck.

"It was a major issue," said Tim O'Connor, a spokesman for the Palm Beach County Health Department. After Frances, the department found only one company refilling oxygen tanks and only 15 drugstores open in the county, he said.

As Ivan marched north, the three hospitals in the Florida Keys shipped out all their patients by planes and ambulances.

In Riviera Beach, the U.S. Veterans Affairs Medical Center prepared to close temporarily because roof leaks sprung during Frances may cultivate mold and mildew that could endanger seriously ill patients.

The hospital discharged as many patients as possible and planned to send two dozen remaining patients to VA centers in Miami and Gainesville, spokesman John Pickens said.

The post-Frances run on medications prompted the state Department of Health to issue new advice: Ask your doctor now for a 30-day refill in case of a storm. Bring two weeks' worth of drugs if you evacuate or leave town. Keep a list of your drugs and instructions on taking them. Carry with you prescriptions for narcotics.

Also, the state Medicaid system issued a rule letting pharmacies refill its prescriptions before the due dates.

Hospitals said the drug drain was pushed by another factor: Housing patients who were well enough to go home but did not want to.

"If you don't have help at home and don't have air conditioning, maybe you don't want to be there," said Madelyn Passarella, a spokeswoman at JFK Medical Center in Atlantis.

Bob LaMendola can be reached at blamendola@sun-sentinel.com or 954-356-4526.

Paul Riches, Chief of Legislation and Regulation
CA Board of Pharmacy
(916) 445-5014 ext. 4016

Agenda Item G

Pending Survey to Study the Impact of the Patient Consultation Mandate on Older Californians

State of California Department of Consumer Affairs

Memorandum

To: Communication and Public Education Committee

Date: September 11, 2004

From: Virginia Herold

Subject: Pending Survey to Study the Impact of the Patient Consultation Mandate on Older Americans

The board has been a strong supporter of pharmacist to patient consultation over the years, and this is a key area reviewed by board inspectors during all compliance inspections.

Recently the board has been asked to collaborate on a study being done by the Center for Health Improvement assessing patient consultation requirements and their impact on older Californians aged 65 or older. The CHI describes itself as "a nationally known health policy nonprofit based in California." The California Pharmacist Association's Education Foundation and the AARP are also collaborators of this project.

The two-year study's goal is to inform and improve the pharmacist to patients aged 65 and over consultation process:

- To assess the impact of the pharmacist consultation for persons 65+ through quantitative and qualitative methods.
- To educate Californians, especially pharmacists about findings and recommendations through development and distribution of a policy brief.
- To begin discussions with policymakers and stakeholders about options for future action.

A description of this project is provided on the attached pages.

I. Executive Summary

The Center for Health Improvement (CHI) is proposing a two year project to examine and improve the pharmacist-patient consult process for persons 65 or older (65+) required by California regulation. The study design will achieve this goal by:

1. Gathering quantitative and qualitative information to assess the implementation of the regulation,
2. Educating policymakers and key stakeholders through the creation and dissemination of a policy issue brief, and
3. Conducting a policy roundtable to present the study's findings, recommendations, and to discuss potential next steps.

This proposed study is especially timely given recent national attention to the issue of medical errors and the link between drug-related errors and failure to consult. Furthermore, it will be the first study of its kind to incorporate data from the California State Board of Pharmacy's recently implemented inspection process of mandated pharmacy quality assurance programs, which includes observations of consultations. The study focuses on persons 65+ as they consume and spend significantly more on prescription drugs than persons under age 65. Moreover, persons in this age group are more likely to complain about a failure to consult.

CHI is a nationally known health policy non-profit based in Sacramento. CHI serves as a catalyst to ensure that prevention remains at the forefront of health policy and health care services. Policymakers and others respect our policy issue briefs, convenings, and other products and services for their objectivity and nonpartisanship. This proposal also includes collaborators from three established organizations that represent targeted stakeholders. These include the California State Board of Pharmacy, which provides oversight to the State's 6,000 pharmacies and all licensed California pharmacists; AARP, which represents 3.2 million older Californians; and the California Pharmacist Association Educational Foundation, which maintains a database of 26,000 pharmacists and conducts research on salient issues for this constituency.

II. Proposed Scope of Work

The Center for Health Improvement (CHI) in collaboration with the California Pharmacists Association Educational Foundation (CPhA-EF), AARP, and the California State Board of Pharmacy (Board)[1], proposes to conduct an assessment of the outpatient pharmacist consultation process that is required when any new or changed prescription is dispensed[2]. Based upon the findings of this assessment, we will educate California policymakers and select stakeholders by disseminating a policy issue brief and hosting a roundtable discussion. The assessment will target California's older population (65+), focusing on the value of pharmacist care and how this process may be improved. We are targeting this population for several reasons. First, persons 65+ are prescribed twice as many medications as persons under the age of 65[3]; second, older

[1] See letters of support, attachment 1.
[2] Inpatient, PBM prescriptions, and certain other settings are excluded.
[3] Stagnitti, M. (2003, July). Statistical Brief #21: Trends in Outpatient Prescription Drug Utilization and Expenditures: 1997-2000. Rockville, MD: Agency for Healthcare Research and Quality.

adults have more chronic diseases and multiple conditions[4], thus the consultation is more relevant, important, and complex; and third, persons 65+ are a more vulnerable population[5].

Originally filed in August of 1990, California's Board of Pharmacy California Code of Regulations number 1707.2.b.1 mandated pharmacist consultation to every patient who receives a new or changed prescription. The regulation was enacted to ensure that necessary dialogue occurs between patients and medication experts to promote safe and effective medication use[6]. Following these requirements, recent attention by the Institute of Medicine[7] and others has significantly raised the visibility of medical errors overall. Evidence suggests, however, that despite this attention, more needs to be done to prevent medication-related adverse events. For example, an analysis of adverse drug events occurring in a population of older adults in an ambulatory setting,[8] found that overall, 27.6% of the documented adverse drug events was deemed by the investigators as *preventable*. Inadequate patient education concerning medication use and prescription of a drug for which there was a well-established, clinically important interaction with another drug were cited as common errors (18.0% and 13.3% of the preventable prescribing stage errors). Recent discussions with staff of the Board[9] also revealed that through its inspection process, a majority of medication errors involve a "failure to consult."

Methods

As described in our May 19, 2003 letter of interest, CHI addressed the goal of assessing the pharmacist-patient 65+ consult process through a methodology that involved conducting three focus groups – two of pharmacists and one of older Californians – to obtain qualitative data; compiling the focus group interpretations into a policy brief to be disseminated to policymakers and stakeholders; and coordinating a statewide convening to discuss this issue and consider opportunities for action.

Through research and discussion with our collaborative partners, we have revised the proposed methodology to include a more robust and objective approach. This methodology includes:

1. Gathering data from a review of the literature and from the Board and other sources,
2. Conducting a written survey of pharmacists,
3. Conducting four focus groups, including two composed of pharmacists, one of persons 65+, and one of physicians,
4. Developing a policy brief, and
5. Hosting a statewide roundtable for policymakers and select stakeholders.

Each of these activities is described below.

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[4] American Society of Consultant Pharmacists. (2002, March). *Seniors at Risk: Designing the System to Protect America's Most Vulnerable Citizens From Medication-Related Problems.* Alexandria, VA: Author.
[5] Ibid.
[6] A similar federal law—the Omnibus Budget Reconciliation Act of 1990—applies to the Medicaid population.
[7] See Kohn, L., et al. *To Err is Human: Building a Safer Health System*, 2000. National Academy Press.
[8] Gurwitz, J.H., et al. (2003, March 5). Incidence and preventability of adverse drug events among older persons in the ambulatory setting. *Journal of the American Medical Association, 289*(9), 1107-1116.
[9] Riches, P. (2003, August 7). Personal communication with Center for Health Improvement.

1. Conduct a Literature Review and Analyze State Board of Pharmacy and Other Data

CHI will conduct a literature review to ascertain whether other states have assessed the implementation of the pharmacist consultation process, notably with persons 65+. The literature review will include web-based research, as well as contacts with several state-focused health policy organizations in Washington, D.C., such as the National Governor's Association. We will also contact at least one insurance company that may be able to provide aggregate figures on malpractice claims involving failure to consult for the target population.

Effective January 2002, the Board began a quality assurance program that includes random observations of California's 6000 pharmacies. The desired outcome of the program is a reduction of medication errors.[10] Every pharmacy is inspected at a rate of once every two and a half years. Citations/fines are issued in instances where pharmacists fail to consult. Although patients may legally waive the right to consultation, according to the Board, the pharmacy must document that the pharmacist—not another staff member—attempted to consult and the patient refused. The Board has agreed to share aggregate findings on citations related to failure to consult; if feasible, information specific to our target population will be pulled. The Board also agreed to share information on consumer complaints, many of which relate to failure to consult. (NOTE: While the Board staff stated that the majority of errors detected through the inspection process or complaints involved a "failure to consult," it is not known whether an error would have been prevented had a consultation occurred.) A public analysis of this data in California will be the first of its kind. Placed within the context of this study, the analysis will add valuable information to be compared with that gathered from pharmacists, patients, and physicians.

2. Conduct Written Survey of 3,000 Pharmacists

CPhA-EF maintains a database of the state's more than 26,000 pharmacists. A stratified sample of roughly 3,000 pharmacists will be drawn in order to survey their perceptions of how the consult process is working for patients 65+. We will query pharmacists on their perceived barriers to consult (e.g., time pressures, setting, privacy, etc.) and solicit opportunities for improvements. A letter from the CPhA president or their board chair will accompany the brief survey. This letter, along with the salient nature of the issue, should encourage a high response rate. Following the first wave, a reminder post card will be mailed followed by a second survey mailing to non-respondents. Based on surveys conducted for similar professions, such as doctors, a 33% response rate is anticipated. A non-respondent bias test will be conducted in an attempt to discern whether this population varies significantly from survey respondents. The roughly two-page survey will query pharmacists on their perceptions of the consult process, asking them to identify barriers, as well as potential solutions.

3. Conduct Four Focus Groups

Following the pharmacist survey we will conduct four focus groups: two with pharmacists, one with persons 65+, and one with physicians. The purpose of the focus groups is to elicit participant opinions about the consult process, as well as identify opportunities to ensure a safer and smoother consultation. The survey findings will be used to establish questions for the focus group facilitator. Each focus group will include approximately 15 participants.

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[10] Jones, J.D. (2003, March). President's message. *The Script*, 2.

CPhA-EF will help to recruit pharmacists for participation. AARP will assist in identifying persons 65+ who have picked up a new or changed prescription within the past year. CHI will approach a major medical group that includes at least 15 physicians with a sizeable Medicare patient mix. We will request 45 minutes to an hour at an already-scheduled physician meeting to conduct a focus group session. Given their schedules and priorities, it would be extremely improbable that physicians would attend a separate meeting on this topic. However, because doctors write prescriptions and likely receive patient and/or pharmacy feedback on medical errors, as well as the consult process, it is important to gain their perspective on this issue.

4. Create and Disseminate Policy Issue Brief

Based on the preceding quantitative and qualitative information, CHI will draft a policy brief on this issue[11]. The brief will contain background information on the California regulation and federal legislation mandating pharmacist consults, as well as additional California interpretations related to compliance and the inspection process. For example, California law does not allow inspection evidence to be admitted as discovery material for litigation purposes. In addition, background information will include a summary of the literature review and Board data analysis. Information from the pharmacist survey, along with focus group key findings will also be tallied and presented in a readable format. Policy recommendations stemming from these sources will be presented.

The draft policy brief will be reviewed by the collaborating organizations on this project, including CHI, CPhA-EF, AARP, the Board, and TCWF, as well as other select individuals (e.g., Chairman of State Board of Pharmacy). We will disseminate it to our database of approximately 2,000 policymakers, targeting those with a strong interest in aging and health care. Our partner organizations will also assist in disseminating the policy brief to their respective constituents.

5. Host Policy Roundtable

CHI will coordinate a statewide roundtable of California legislators, their staff, and select stakeholders. The purpose of this meeting is to bring together appropriate participants to discuss our research findings and recommendations, and to begin the discussion of future next steps. Our study rests on the assumption that there is room for improvement in the pharmacist-65+ patient consult. The preceding methodology will shed light on how the process can be improved by identifying current barriers, gathering solutions for improvement directly from participants in the process (i.e., pharmacists, persons 65+, and physicians, and the Board), and developing recommendations for policymakers and relevant industry parties. A secondary intent of this study is to increase attention paid to this issue as an important component to reducing medical errors.

Sharing Lessons Learned with TCWF

Through semi-annual reports to The California Wellness Foundation, CHI will share lessons learned from the project. Such reports will include copies of important written materials (e.g., survey instruments, draft policy issue brief). We will also address any difficulties faced during

[11] See sample policy briefs, attachment 2.

the project and how these are handled. CHI is willing to share our lessons learned and key findings through an article in TCWF's *Portfolio* newsletter.

III. Grant Objectives

The overarching goal of this study is to inform and improve the pharmacist-65+ patient consult process required by California regulation. In order to achieve this goal, specific objectives for conducting the study are threefold:

1. To assess the impact of the pharmacist consultation for persons 65+ through quantitative and qualitative methods.
2. To educate Californians, especially pharmacists, about our findings and recommendations through the development and dissemination of a policy brief.
3. To begin a conversation with targeted policymakers and select stakeholders about options for future action.

IV. Applicant Organization

Established in 1995, the CHI is a non-partisan, objective, prevention-focused health policy center based in Sacramento, California. CHI is known for its ability to synthesize complex data and research and present it in a useful format for policymakers and others. We have extensive experience in all of the tasks mentioned here, including reviewing literature, analyzing data, conducting surveys and focus groups, and writing policy issue briefs. Moreover, CHI has a successful history of organizing and facilitating convenings for relevant stakeholders around emerging health issues (see www.centerforhealthimprovement.org). CHI's operating budget is nearly $1 million[12].

CHI president and CEO, Patricia E. Powers[13], will serve as the lead on this effort. Ms. Powers possesses more than 20 years of experience in health care, including leadership of large-scale technical research studies related to quality of care and preventive services. Her previous consulting clients include pharmaceutical firms, generic drug manufacturers, and physician organizations. As the former CEO of the Pacific Business Group on Health, Ms. Powers worked with employers to negotiate costs and benefits for their commercial and Medicare populations. She previously served on the Federal Physician Payment Review Commission, which provided policy information for the Medicare program. In addition to Ms. Powers, Gregg Y. Shibata[14], will serve as project manager. Mr. Shibata leads several initiatives at CHI, including developing a statewide collaborative to improve early diagnosis and intervention for children suspected of having an autistic spectrum disorder. His work for the past two years involved data gathering and analysis, writing, direct technical assistance, and managing convenings and group-learning opportunities (e.g., workshops, teleconferences, internet-based teleconferences) for California Prop. 10 Commissions, California Local Planning Councils, and community-based organizations. CHI will work with a reputable survey research firm to conduct the pharmacist survey.

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[12] See current organizational budget, attachment 3.
[13] See resume, attachment 4.
[14] See resume, attachment 4.

V. Evaluation Plan

Overall, this project will be viewed as a success if we obtain reliable information about barriers to effective implementation to the pharmacist consultation for persons 65+, as well as identify solutions for improvement. Policymakers' and other relevant stakeholders' receptivity to this information as evidenced by interest level and any follow-up activity will be another gauge of its success. Sample specific measures of success tied to each of our three objectives are as follows:

1. To assess the impact of the pharmacist consultation process: results from research, including any findings from a literature review and data analyses; statistical significance, reliability and response rate for the survey; level of participation and number of identified solutions from focus group sessions.

2. To educate policymakers and others: number of pharmacists, policymakers, and others who receive the policy brief and qualitative feedback from them.

3. To begin a conversation with policymakers and others: number and level of attendees at roundtable; level of agreement on "next steps;" and any actions taken by key decision-makers as indicated by responses to a one-page evaluation administered during the close of the roundtable.

Center for Health Improvement

Pharmacy Foundation of California

CALIFORNIA STATE BOARD OF PHARMACY

BE AWARE & TAKE CARE! Talk to your pharmacist!

PHARMACIST CONSULT SURVEY

1. **Which one of the following best describes your primary practice setting?**
   - ❑1 Community – independent pharmacy
   - ❑2 Community – small chain pharmacy (e.g., local, four or more outlets)
   - ❑3 Community – grocery chain pharmacy (e.g., Raley's, Safeway, Von's)
   - ❑4 Community – mass merchandise chain pharmacy (e.g., CostCo, Walgreen's)

2. **Please indicate the number of years you have been in practice.**
   - ❑1 Less than three
   - ❑2 Four to ten
   - ❑3 Eleven to twenty
   - ❑4 Twenty-one to thirty
   - ❑6 Thirty-one or more

3. **Please select the title(s) or position(s) that best describes you (select all that apply):**
   - ❑1 Pharmacist in charge/Pharmacy manager
   - ❑2 Full time, staff pharmacist
   - ❑3 Part time, staff pharmacist
   - ❑4 Owner

4. **Please approximate how much time you spend on each activity during an average eight-hour period:**

	0%	5%	10%	25%	50%	75%	100%
A. Dispensing prescriptions							
B. Consulting with physicians about medication and diagnosis							
C. Consulting with patients about medication							
D. Explaining benefit coverage to patients							
E. Formulary/3rd party management matters							
F. Administrative/pharmacy management activities							
G. Teaching/precepting student interns							
H. Other							

Your Response Will Be Kept Confidential

5. Based on your experience with patients aged 65 or older, how often do you perform the following during an average patient consultation?

	Rarely Ever	Occasionally	Sometimes	Often	Always
A. Verify the patient's name					
B. Verify the patient's date of birth					
C. Verify the patient's address					
D. Verify the name and description of the medication					
E. Provide directions for use and storage of the medication					
F. Discuss any precautions for preparation and administration of the medication by the patient, including self-monitoring drug therapy (where applicable)					
G. Describe the importance of compliance with the medication directions					
H. Discuss therapeutic contraindications					
I. Discuss serious potential interactions with known *nonprescription* medications (where applicable)					
J. Discuss precautions and relevant warnings, including common severe side or adverse effects or interactions that may be encountered					
K. Discuss action to be taken in the event of a missed dose					
L. Discuss prescription refill information (where applicable)					
M. Discuss the prescribing doctor's comments regarding the medication					

6. Over an average eight-hour period, how many patient consultations do you perform?

	less than 5	6-10	11-15	16-20	more than 21
A. For patients aged 65 or older					
B. For patients under 65					

7. Based on your experience, how long does it take to conduct an average patient consultation?

	less than 1 minute	1-2 minutes	2-3 minutes	3-4 minutes	more than 4 minutes
A. For patients aged 65 or older					
B. For patients under 65					
C. For patients with a chronic condition (e.g., diabetes)					
D. For patients taking multiple medications					

Your Response Will Be Kept Confidential

8. Based on your experience, how often are the patient consultations waived by

	Rarely Ever	Occasionally	Sometimes	Often	Always
A. Patients aged 65 or older					
B. Patients under 65					
C. Patients with a chronic condition (e.g., diabetes)					
D. Patients taking multiple medications					

9. Based on your experience, how often:

	Rarely Ever	Occasionally	Sometimes	Often	Always
A. Do patients ask questions of you during the pharmacist-patient consultation for new or changed prescriptions					
B. Do patients with a chronic condition (e.g. diabetes) ask questions of you regarding their disease, self-management strategies or other clinical services available					
C. Do you provide verbal information to patients with a chronic condition about their disease, self-management strategies or other clinical services available					
D. Do you provide self-management counseling or other advice on other clinical services for patients with a chronic condition (e.g., diabetes)					
E. Do you work with disease management vendors who address chronic conditions (e.g., diabetes)					
F. Do you have difficulty performing consultations due to a language or cultural barrier					

10. Please rank the following barriers to the patient consultation process (with 1 being "not very significant" to 5 being "very significant").

	1	2	3	4	5
A. Pharmacist's lack of time					
B. Insufficient compensation specific to the consultation					
C. Lack of pharmacist-patient privacy					
D. Language barriers					
E. Cultural barriers					
F. Unavailability of general clinical/diagnostic data (e.g., lab values, other medications)					
G. Patient's refusal to participate in the consultation					
H. Aside from language or cultural barriers, lack of patient's understanding during the consultation					

Your Response Will Be Kept Confidential

11. **Based on your experience, of the errors you have noticed during the patient consultation, how frequently do the errors relate to:**

	Rarely Ever	Occasionally	Sometimes	Often	Always
A. Fill errors					
B. Incorrect medication for patient's diagnosis					
C. Therapeutic errors (drug allergy, incorrect dosage)					

12. **Based on your experience, approximately what percentage of pharmacist-patient consultations for new or changed prescriptions result in each of the following:**

	less than 1%	2-3%	4-6%	7-10%	more than 10%
A. A call to the patient's physician to address a therapeutic problem (e.g., drug allergy, therapeutic duplication, drug interaction)					
B. A call to the patient's physician or insurance company to address coverage issues (e.g., formulary compliance, prior authorization)					
C. A recommendation that the patient contact their physician to resolve any questions or issues					

13. **How effective is the patient consultation process in improving the quality of care (with 1 being "not very significant" to 5 being "very significant")?**

1	2	3	4	5

14. **If you could change one part of the patient consultation process, what would it be?**

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Your Response Will Be Kept Confidential

Agenda Item H

Update on the Board's Public Outreach Activities

State of California

Department of Consumer Affairs

Memorandum

To: **Communication and Public Education Committee** **Date: September 11, 2004**

From: **Board of Pharmacy – Virginia Herold**

Subject: **Public Outreach Activities**

The board strives to provide information to licensees and the public. To this end, it has a number of consumer materials to distribute at consumer fairs and strives to attend as many of these events as possible, where attendance will be large and staff is available.

The board has a Power Point presentation on the board containing key board policies and pharmacy law. This is a continuing education course, typically provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours, which usually are well-received by the individuals present.

Since the beginning of the year, the board has begun providing presentations on SB 151 and the new requirements for prescribing and dispensing controlled substances in California. We have also presented this information via telephone conference call to large numbers of individuals.

Public and licensee outreach activities performed since the last report to the board are:

- Board complaint staff provided information and brochures at the Asian Community Fair on July 15 in Sacramento, to a smaller than expected group of about 15.
- The board staffed a booth at the San Diego Better Business Bureau's Consumer Expo on August 7, 2004, a major consumer fair.
- Board staff presented information to approximately 25 pharmacists regarding new controlled substances requirements at a leadership meeting of the Sacramento Valley Health System Society of Pharmacists (June 28),
- Board staff presented information to law enforcement agencies about CURES and drug diversion (May 27 and 28, not previously reported).
- Board staff presented information to audit staff of the Department of Health Services (June 30, not reported previously)
- Board staff presented information about compliance with California's sterile compounding requirements and radiopharmacy on July 8 to a group of about 10 pharmacists.

- Board staff presented information about the new prescribing requirements for controlled substances to physicians in San Luis Obispo on July 14, and to pharmacists and law enforcement staff on July 15.
- Board staff presented information about drug diversion investigations to investigators of the Department of Justice on August 26.
- Board staff presented information about prescribing and dispensing controlled substances under the new California requirements to a group of over 40 physicians and other health care providers on August 3.
- Board staff presented information regarding the new requirements for controlled drugs to investigators and staff pharmacists of the Department of Health Services on September 8, and to more than 50 pharmacists, physicians and other health care providers at a presentation hosted by the Pharmacy Foundation of California and Catholic Healthcare West.
- Board staff provided a major presentation at the CMA's annual pain conference in Sacramento on September 10 to more than 600 providers.

Future presentations:

- Staff will present information about quality assurance programs and sterile compounding to the Sacramento Valley Society of Health Systems Pharmacists on September 17.
- Staff will present information about the board and new controlled substances requirements to the UCSF Medical Center on September 21.
- Board staff will provide information about the board and discount programs for drugs at the Triple "R" Adult Day Program in Sacramento on September 28.
- Board staff will present information about drug diversion investigations to investigators of the Department of Justice on September 28.
- Staff will present information about the new controlled substances requirements to a group of approximately 100 pharmacists, physicians and other health care providers at St Mary's Medical Center in Orange County on September 30.
- Board Member Conroy will represent the board at the Circle of Advisors Meeting (regarding emergency contraception) on October 5.
- The board will staff a booth at the Sixth Annual Los Angeles County Health Fair and Senior Exposition on October 7
- Supervising Inspector Ratcliff will be a speaker at the California Primary Care Associations' Tenth Anniversary Conference on October 7.
- Boar Member Jones will represent the board as a speaker at the Indian Pharmacist Association on October 9, where up to 500 individuals are expected.
- Board President Goldenberg will be speaker on importation at the CSHP's 2004 Seminar in Long Beach in November.
- Supervising Inspector Robert Ratcliff will give the keynote address at CSHP's 2004 Seminar in Long Beach, November 2004

- Board staff will present an "Update and What's New in Pharmacy Compounding" at the CSHP's 2004 Seminar in Long Beach in November 2004.
- Board staff will present information about the board and the new controlled substances requirements on November 18 to the Orange County Chapter of the CPhA.
- Board Member Jones will present a section at the CPHA's Outlook 2005 Meeting in San Diego in February 2005.

Agenda Item I

Discussion: Survey Published by the Kaiser Family Foundation/Harvard School of Public Health: "Views of the New Medicare Drug Law"

State of California Department of Consumer Affairs

Memorandum

To: Communication and Public Education Committee

Date: September 11, 2004

From: Virginia Herold

Subject: Purchasing Drugs for Less: Federal Medicare Drug Law and Public Opinion

The cost of prescription drugs is a problem for many consumers. Because of the enormity of this subject, a discussion is scheduled at this meeting to determine the committee's interest in developing additional materials in this area.

The board's has three brochures and one information link directly related to buying drugs for less. The three brochures are:

- What You Should Know Before Buying Drugs From Foreign Countries or Over the Internet,
- Tips to Save You Money When Buying Prescription Drugs,
- Prescription Drug Discount Program for Medicare Recipients (a California program only)

Note: copies of these materials are available on the board's Web site and will be available at the meeting.

In mid-2004, the federal government rolled out its federal drug discount program, which will be in effect until January 2006, when a new Medicare program takes effect. The program has not been popular nor is it widely used. There were more than 70 cards and programs initially available. A survey conducted by the Kaiser Family Foundation/Harvard School of Public Health in August 2004 contains a number of opinions about the program. This survey is provided in this tab section for your information as Attachment 1.

With respect to this federal drug discount program, the board has created a one-page information sheet for the public that is available on our Web site. This information refers the reader to the federal government's Web site, and warns about possible fraud from those who contact individuals directly offering to sell them cards (Attachment 2).

The federal government has an extensive site to aid the public, but because of the number of options, this is a very complicated area to provide consumer information (Attachment 3 contains a few of the federal government's pages).

Additionally the Department of Consumer Affairs and the Department of Managed Health Care each have summary information about the federal program on their Web sites (Attachment 4).

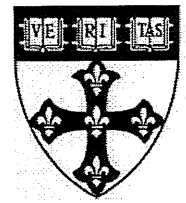
Does the committee want to pursue development of additional information for the public in this area?

Hope Tamraz has been hired as a retired annuitant to develop *The Script.* Also, the board's brochure describing California's program for Medicare recipients (allowing them to purchase drugs at the same price as the MediCal price) is undergoing revision.

Attachment 1

Kaiser Family Foundation/Harvard School of Public Health View of the New Federal Medicare Drug Law

Summary and Chartpack



HARVARD
SCHOOL OF
PUBLIC HEALTH

The Kaiser Family Foundation/Harvard School of Public Health

Views of the New Medicare Drug Law: A Survey of People on Medicare

August 2004

Methodology

The Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* was designed and analyzed by researchers at the Kaiser Family Foundation and Harvard School of Public Health. The Kaiser/Harvard survey research team included Mollyann Brodie, Ph.D., Tricia Neuman, Ph.D., Elizabeth Hamel, and Michelle Kitchman from the Kaiser Family Foundation; and Professor Robert Blendon, Sc.D., and John Benson, M.A. of the Harvard School of Public Health.

Fieldwork was conducted by telephone by ICR/International Communications Research between June 16 and July 21, 2004, among a sample of 1,223 total respondents. The survey included a nationally representative random sample of 973 respondents 65 years of age and older, including an oversample of African American respondents in this age group (a total of 203 African American respondents ages 65 and older were interviewed). A separate sample of 250 respondents ages 18-64 with physical and/or mental disabilities who receive Medicare was also interviewed. The disabled sample was drawn from a nationally representative survey of households contacted between June 2002 and January 2003 that was screened to identify households with an adult, aged 18-64, who receives disability payments through the SSI or SSDI program and/or considers him or herself disabled. This sample was then re-screened to include those people with disabilities who are covered by Medicare. Results for all groups have been weighted to reflect the actual distribution in the nation.

The margin of sampling error for the survey is plus or minus 4 percentage points for total respondents; for respondents age 65 and older it is plus or minus 4 percentage points; and for non-elderly respondents with disabilities it is plus or minus 10 percentage points. For results based on subsets of respondents the margin of error is higher. Note that sampling error is only one of many potential sources of error in this or any other public opinion poll.

"Vol." indicates that a response was volunteered by respondent, not an explicitly offered choice. Percentages may not always add up to 100% due to rounding.

Full question wording and results are available separately at www.kff.org

SECTION I. REACTIONS TO THE NEW LAW AND IMPLICATIONS FOR IMPLEMENTATION

More people on Medicare have an unfavorable than a favorable impression of the new Medicare law, with the main reason for their unfavorable impression being that the law does not provide people on Medicare enough help with their drug costs.

- Nearly half (47%) of seniors and non-elderly people with disabilities on Medicare say they have an unfavorable impression of the new Medicare law, while just over a quarter (26%) say they have a favorable impression, and another quarter (26%) say they don't know enough to offer an opinion. Men (33%) are somewhat more likely to have a favorable impression of the new law than women (22%), and Republicans (38%) are more likely to have a favorable impression than Democrats (21%) or Independents (23%) (Chart 1). People on Medicare who are most likely to benefit from the new law (i.e. those with low incomes and those who currently lack prescription drug coverage) report impressions that are similar to those of all people on Medicare.
- The negative views toward the new Medicare law are in sharp contrast to how people on Medicare view the Medicare program itself. While just over a quarter (26%) say they have a favorable impression of the law, nearly three-quarters (73%) say they have a favorable opinion of Medicare.
- The 26% of people on Medicare who say they have a favorable impression of the new Medicare law cite many reasons, including that the law will help pay many of the prescription drug bills for people on Medicare (78% of those with a favorable impression, or 20% of people on Medicare overall, say this is a major reason), it will be helpful for people with high drug bills (78% of those with a favorable impression, or 20% overall), it will help low-income people on Medicare (77% of those with a favorable impression, or 20% overall), it allows people on Medicare to choose a drug plan that best meets their needs (64%of those with a favorable impression, or 17% overall), and it is a good start and can be improved over time (58% of those with a favorable impression, or 15% overall) (Chart 2).
- Among the 47% who have an unfavorable impression of the law, the most frequently cited reason is that it does not provide enough help with drug costs for people on Medicare (81% of those with an unfavorable impression, or 39% of people on Medicare overall, say this is a major reason). Other reasons include that the law is too complicated for people on Medicare to understand (72% of those with an unfavorable impression, or 34% overall), and it will benefit private health plans and pharmaceutical companies too much (69% of those with an unfavorable impression, or 33% overall). The long-term cost of the law to government ranked lower as a reason for unfavorable impressions (34% of those with an unfavorable impression, or 16% overall say this is a major reason) (Chart 3).
- Nearly half of people on Medicare (47%) say they think the new law will do more to benefit prescription drug companies, while a third (32%) say it will do more to benefit people on Medicare.

While a majority thinks the law will be helpful for most people on Medicare, they don't think the law will be very helpful for them personally. Low-income people on Medicare and those who currently have no drug coverage are the groups most likely to be helped by the new law, yet these groups are no more likely than others to feel that the law will help them personally. Despite their unfavorable impressions, few people on Medicare say they are angry or enthusiastic about the new law.

- While a majority says the new Medicare law will be very or somewhat helpful for people on Medicare with very high prescription drug costs (53%), and for "a typical person on Medicare" (53%), about three in ten (29%) say the new law will be very or somewhat helpful for them personally (Chart 4).

- While nearly two-thirds (64%) of people on Medicare overall say that the new law will be very or somewhat helpful for low-income people on Medicare, those with annual incomes of less than $20,000 (59%) are less likely than those earning $40,000 or more (72%) to say so. In addition, while six in ten (60%) people on Medicare overall say the law will be very or somewhat helpful for people on Medicare who currently have no drug coverage, those who have no drug coverage (56%) are just about as likely as those who currently have coverage (62%) to say the law will be helpful for this group.

- Low-income people on Medicare (33%) and those with no current drug coverage (31%) are just about as likely as people on Medicare overall to say the law will be helpful for them personally. Disabled people under age 65 on Medicare are more likely than seniors to say the law will be very or somewhat helpful for them personally (40% vs. 27%) (Chart 4).

- When asked which comes closest to how they feel about the new law, 2% of seniors and people under age 65 with disabilities on Medicare say they are enthusiastic, three in ten (31%) say they are satisfied but not enthusiastic, four in ten (41%) say they are dissatisfied but not angry, and one in ten (10%) say they are angry about the new law (Chart 5).

Like we've seen on past surveys, people on Medicare are not terribly knowledgeable about the new Medicare law, and they don't feel they understand it well. While nearly a quarter say they are confused by the new law, most say that they haven't heard enough to say whether it's confusing.

- About one in five (21%) say they have heard or read "a lot" about the new Medicare law, more than a third (35%) say they have heard or read "some," and more than four in ten (43%) say they have heard or read "not much" or "nothing at all" about the new law (Chart 6).
- Six in ten people on Medicare (60%) say they don't have enough information about the new law to understand how it will impact them personally, and more than half (56%) say they understand the new law "not too well" or "not well at all." (Chart 6)
- While nearly a quarter (23%) say they are confused by the new law, a similar share (21%) say they are not confused, and a majority (54%) say they haven't heard enough to say whether it's confusing.
- Lack of awareness also exists when it comes to some specific aspects of the new law. Among those people on Medicare who currently have drug coverage through Medicaid, the vast majority (90%) say they were not aware that in 2006, people who are on both Medicare and Medicaid will get their prescription drug benefits from Medicare instead of Medicaid (Chart 7).

Four in ten people on Medicare say they have seen television advertisements about the new Medicare law in the previous month, and the same share have seen news coverage of the law. Most of those who saw ads say that they were mixed or positive towards the law, and most of those who saw coverage say it was mixed.

- Four in ten (42%) people on Medicare say they saw any television advertisements about the Medicare law in the previous month. Among those who say they saw ads, about half (47%) say the ads were mixed, while a third (34%) say they were generally positive towards the law, and nine percent say they were generally negative towards the law (Chart 8).
- Similarly, four in ten (41%) say they saw any news coverage about the new Medicare law in the previous month. About six in ten of those who saw they saw coverage (59%) say the coverage was mixed, while 18% of this group say coverage was generally positive towards the law, and 17% say it was generally negative (Chart 9).

People on Medicare have mixed views of the discount card program. Most say the discount cards aren't worth the trouble, though a majority thinks they will be at least somewhat helpful for people on Medicare. A quarter of people on Medicare report that they have either already signed up for a Medicare-approved drug discount card, or they plan to sign up for a card this year. Among those who don't plan to sign up, most say the reasons are that they already have other discount cards or coverage for prescription drugs, or that they don't think the cards will save them money.

- When asked their opinion of the new Medicare-approved discount cards, more than half (53%) agree that they "aren't worth the trouble because they don't do enough to help people with their drug costs and are too confusing to use," while about a third (34%) say they are "worthwhile because they give people on Medicare immediate help before the full drug benefit is available, and provide another way to cut their drug costs." Non-elderly people with disabilities on Medicare (41%) and Republicans (39%) are less likely to say that the cards aren't worth the trouble (Chart 10).
- Nine percent of people on Medicare say they currently have or have signed up for a Medicare-approved discount card[1], and another 17% say they plan to sign up for a card this year (Chart 11).
- Among the 60% who don't have a card and don't plan to sign up for one, the main reasons cited were already having other drug discount cards or coverage (63%), and not thinking the card will save them money (41%). Fewer people say they didn't sign up because they were worried about how the cards would affect other prescription drug coverage they have (21%) and because it was too difficult to choose among the variety of cards offered (14%). About one in eight who do not plan to sign up (13%) say the reason is that they did not know about the cards (Chart 11).
- Among those seniors and non-elderly people with disabilities on Medicare who report having signed up for a discount card, about four in ten (41%) say they were automatically enrolled through another plan, and eight in ten (82%) say they got their card for free. Seven in ten (70%) say it was very or somewhat easy for them to choose among the different cards offered.
- Thirteen percent of people on Medicare say the Medicare-approved drug discount cards will be "very helpful," and more than half (53%) say they will be "somewhat helpful" for people on Medicare in general. Among the 9% who report having already signed up for a discount card, about half (48%) expect the card to save them "a lot" or "some" money, while a similar share (47%) expect to save "not much" or "nothing at all" using their card.
- Six in ten people on Medicare (60%) say they have gotten information in the mail about the new Medicare-Approved Drug Discount Card program. They report that this information came from a variety of sources, including the government (30% of those who received information), private companies selling discount cards (27%), and other sources (12%). Twelve percent say they got information in the mail from multiple sources.
- Most people on Medicare (82%) say they did not talk to anyone or look for any information to help them decide whether to sign up for a Medicare-approved drug discount card. Among those who did seek out help, the most common sources were their pharmacist (7% of people on Medicare overall), and family and friends (6%). Fewer people overall say they got it from a Medicare or Social Security office, website, or phone number (5%), a health insurance company (3%), a seniors' group or community organization (3%), their doctor (2%), or an employer or union (1%).

[1]The Centers for Medicare and Medicaid Services reported that 4 million beneficiaries (about 10%), had enrolled in the discount card program as of July 19, 2004.

People on Medicare get their information about Medicare and prescription drugs from various sources. Most have heard of 1-800-MEDICARE, though just one in ten have called the number; most are not online and have not visited Medicare.gov. Disabled people under age 65 who receive Medicare are more likely to use these resources than are seniors.

- Six in ten people on Medicare (60%) say they have heard of 1-800-MEDICARE, and one in ten (10%) say they have called the toll-free number. Disabled people under age 65 on Medicare (16%) are more likely than seniors (9%) to say they have called (Chart 12).
- A quarter (25%) of people on Medicare say they have ever been online to use the Internet or e-mail. About one in eight (13%) say they have heard of the Medicare.gov website, and four percent say they have ever visited the site. The non-elderly disabled on Medicare are more likely than seniors to say they have ever been online (33% vs. 24%), heard of Medicare.gov (22% vs. 13%), and visited the site (10% vs. 4%) (Chart 13).

With the full Medicare drug benefit set to take effect in January 2006, most people on Medicare say they haven't decided whether they will enroll in a Medicare drug plan when the benefit becomes available. Those who currently have no prescription drug coverage are not significantly more likely than those who now have drug coverage to say they'll enroll in the benefit.

- Most people on Medicare (62%) say they haven't yet heard enough to decide whether they will enroll in a Medicare drug plan when the benefit becomes available in 2006, while 16% say they will enroll, and 21% say they will not enroll. Among those who currently have no prescription drug coverage, 23% say they will enroll in the benefit in 2006, 11% say they will not enroll, and two-thirds (65%) say they haven't yet heard enough to decide (Chart 14).
- More than half (57%) of those who currently have prescription drug coverage through an employer or union think that the employer will continue offering this coverage after the new Medicare drug benefit goes into effect, while 18% think their employer will stop offering coverage, and a quarter (25%) say they don't know.

Despite the apparent unfavorability towards the law and uncertainty about enrollment, people on Medicare overwhelmingly prefer that lawmakers work to fix problems in the law, rather than repealing it.

- Two-thirds of people on Medicare (66%) say that lawmakers in Washington should work to fix problems in the law, while much smaller shares say they should leave the law as is (13%) or repeal it (10%) (Chart 15).

SECTION II. POLITICS AND POLICY IMPLICATIONS

Nearly three in ten seniors and people with disabilities on Medicare say the passage of the new law will have an effect on their vote for president, and an even higher share – nearly four in ten – say it will have an effect on their vote for Congress in November. More people say that the law will make them more likely to vote for John Kerry and the Democrats than for President George W. Bush and the Republicans.

- Nearly three in ten people on Medicare (28%) say that the passage of the Medicare law will have an effect on their vote for president (Chart 16). More than four in ten of those who say the new law will affect their vote (44%, or 12% of people on Medicare overall) say it will make them more likely to vote for John Kerry, while 18% of this group (5% of people on Medicare overall) say it will make them more likely to vote for George Bush (Chart 17).

- Nearly four in ten (38%) say the passage of the law will have an effect on their vote for Congress (Chart 18). About half of those who say the law will affect their vote (53%, or 20% of people on Medicare overall) say it will make them more likely to vote for a Democrat, while 21% of this group (8% of people on Medicare overall) say it will make them more likely to vote for a Republican (Chart 19).

- When it comes to handling Medicare prescription drug benefits, people on Medicare are nearly evenly divided on whether they trust John Kerry (39%) or President Bush (34%) more, while about one in ten (11%) say they trust neither or trust both equally. Not surprisingly, Republicans (76%) are more likely to say they trust President Bush more on the issue, while Democrats (67%) are more likely to say they trust John Kerry (Chart 20).

Large majorities favor changing the law to allow Americans to purchase prescription drugs from Canada, and to allow the federal government to negotiate with drug companies. More people on Medicare agree with arguments in favor of these proposals than agree with arguments against them.

- About eight in ten people on Medicare (79%) say they favor changing the law to allow Americans to buy prescription drugs from Canada if they think they can get a lower price. While nearly two-thirds agree that this will make medicines more affordable without sacrificing safety or quality (66% agree), large majorities disagree that this will lead U.S. drug companies to do less research and development (71% disagree) and that it will expose Americans to unsafe medicines from other countries (62% disagree) (Chart 21).

- Eight in ten (80%) also say they favor changing the law to allow the federal government to use its buying power to negotiate with drug companies to try to get a lower price for prescription drugs for people on Medicare. Large majorities agree with arguments for government negotiation, including that it makes sense because other governments currently negotiate drug prices (80% agree), it will make medicines more affordable for people on Medicare (76% agree), and it makes sense because the government already negotiates lower prices for the Defense Department and Veterans Administration (69% agree). When it comes to arguments against government negotiation, six in ten (61%) disagree that it will lead U.S. drug companies to do less research and development, while a majority (53%) agrees that it will mean government price controls on prescription drugs (Chart 22).

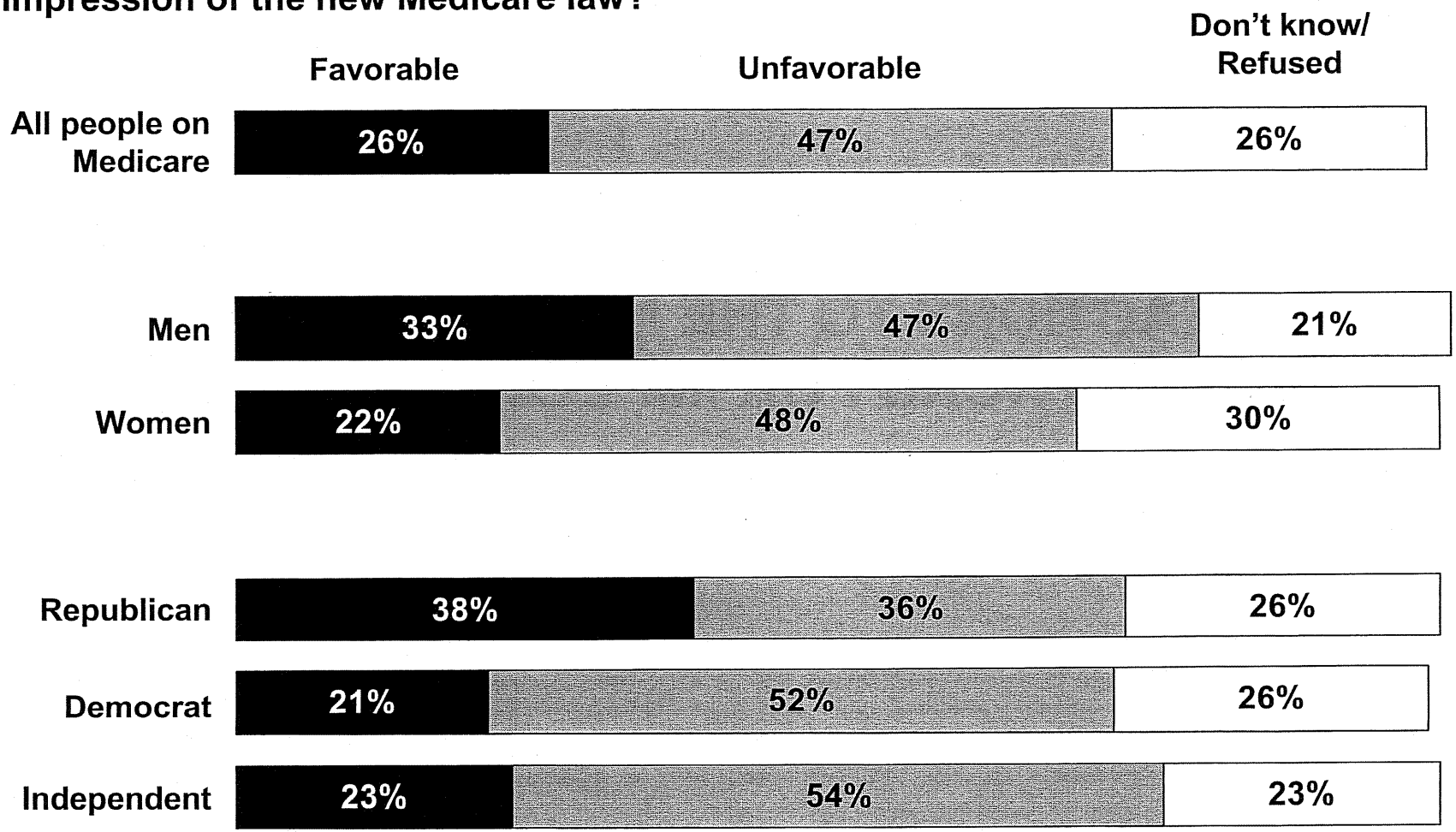
CHARTS SECTION I:

REACTIONS TO THE NEW LAW AND IMPLICATIONS FOR IMPLEMENTATION

Chart 1

Impressions of New Medicare Law

Given what you know about it, in general, do you have a favorable or unfavorable impression of the new Medicare law?

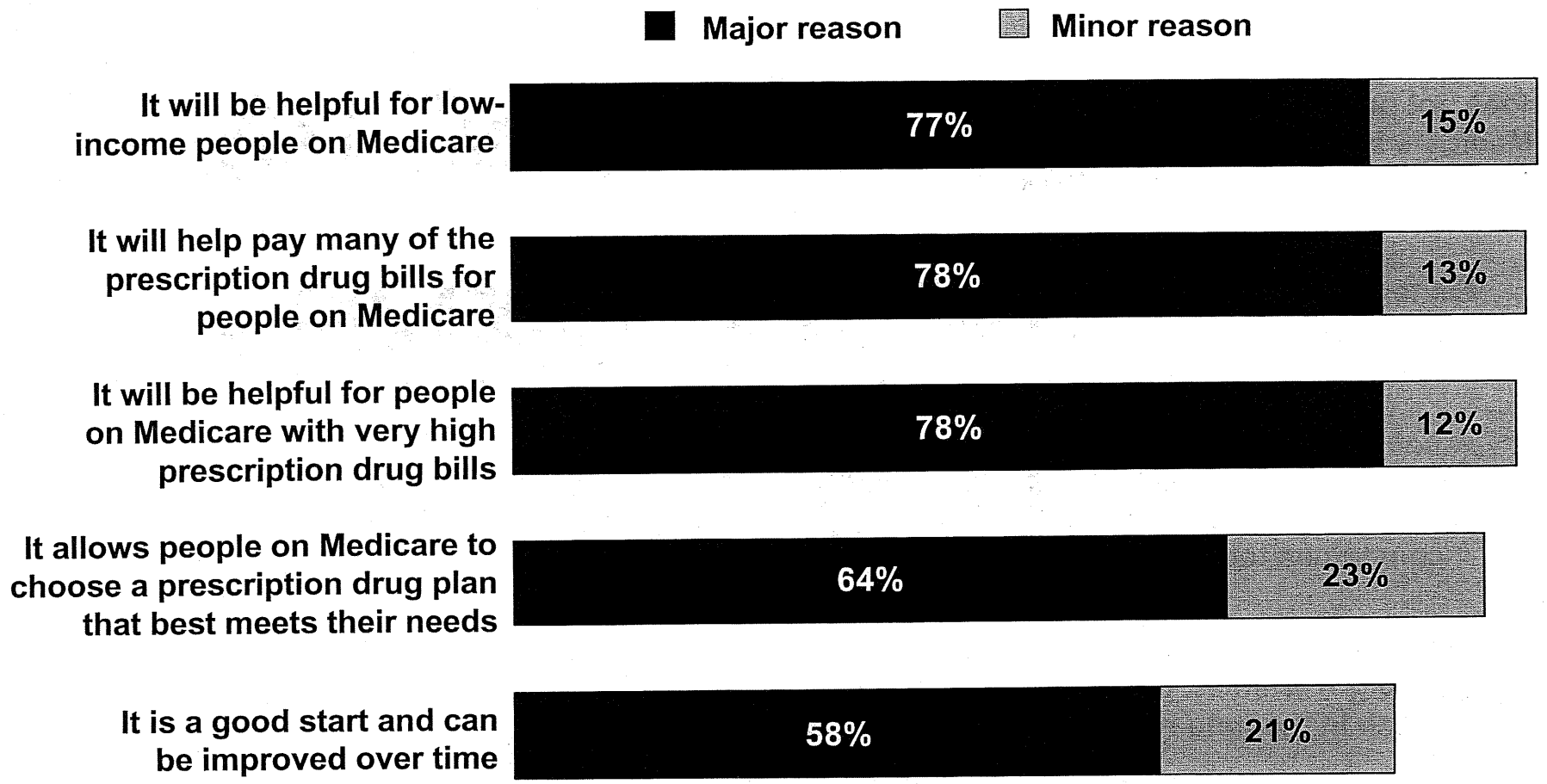


Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

Chart 2

Reasons for Favorable Impressions

Among the 26% of people on Medicare who say they have a favorable impression of the law, percent reporting that each of the following is a major/minor reason…

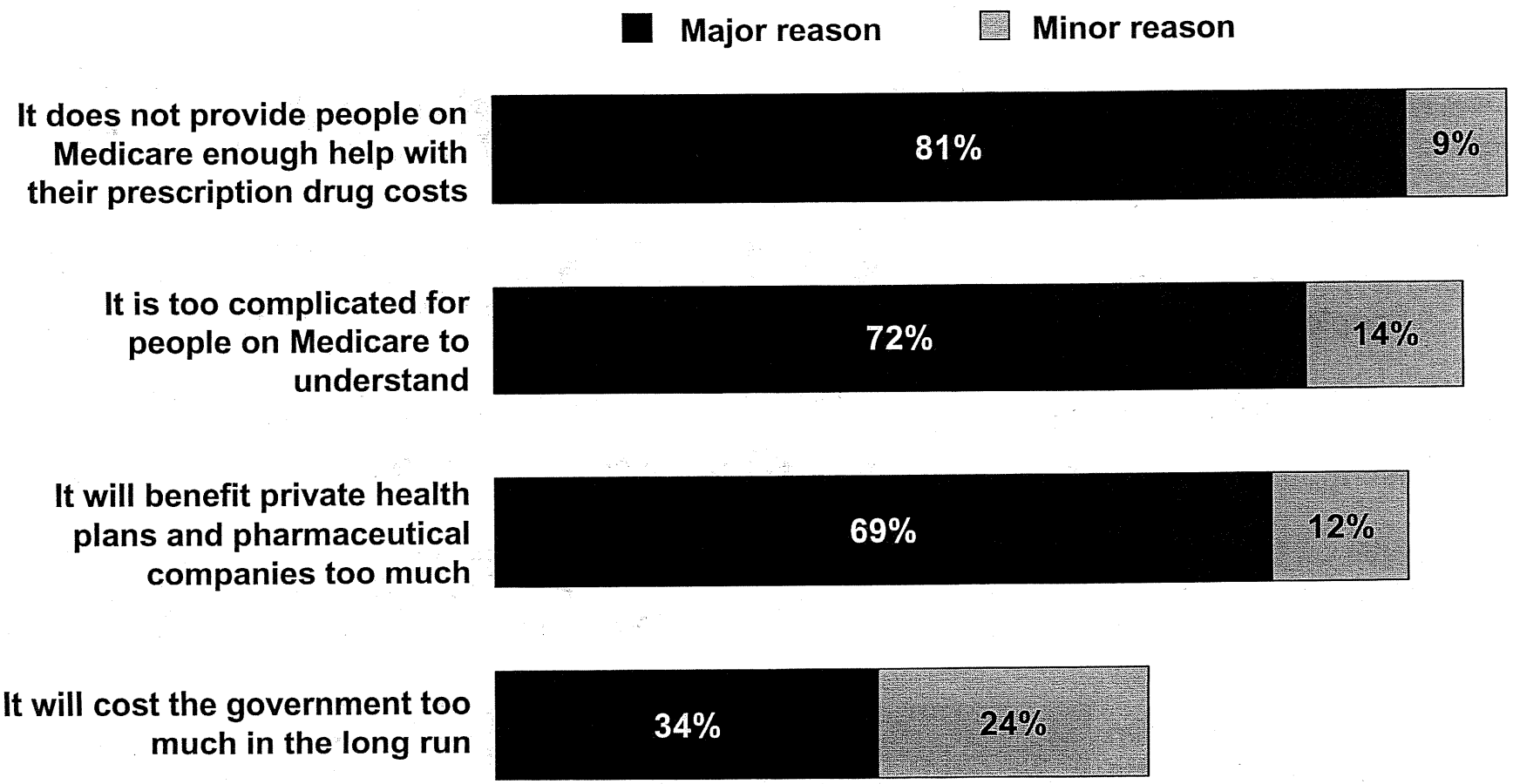


Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

Chart 3

Reasons for Unfavorable Impressions

Among the 47% of people on Medicare who say they have an unfavorable impression of the law, percent reporting that each of the following is a major/minor reason…

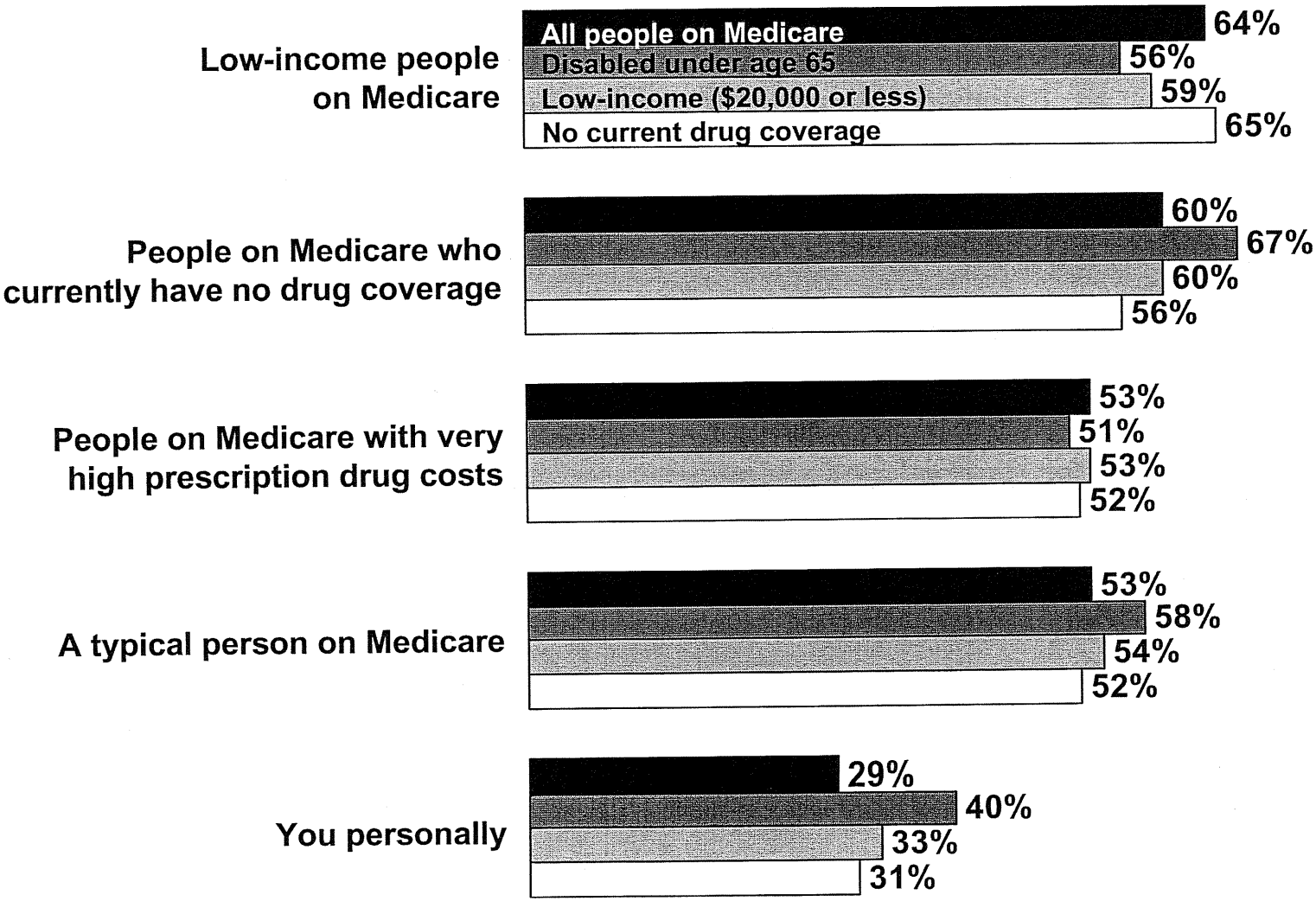


Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

Chart 4

Perceived Helpfulness of New Medicare Law

Percent who say the new Medicare law will be very or somewhat helpful for…

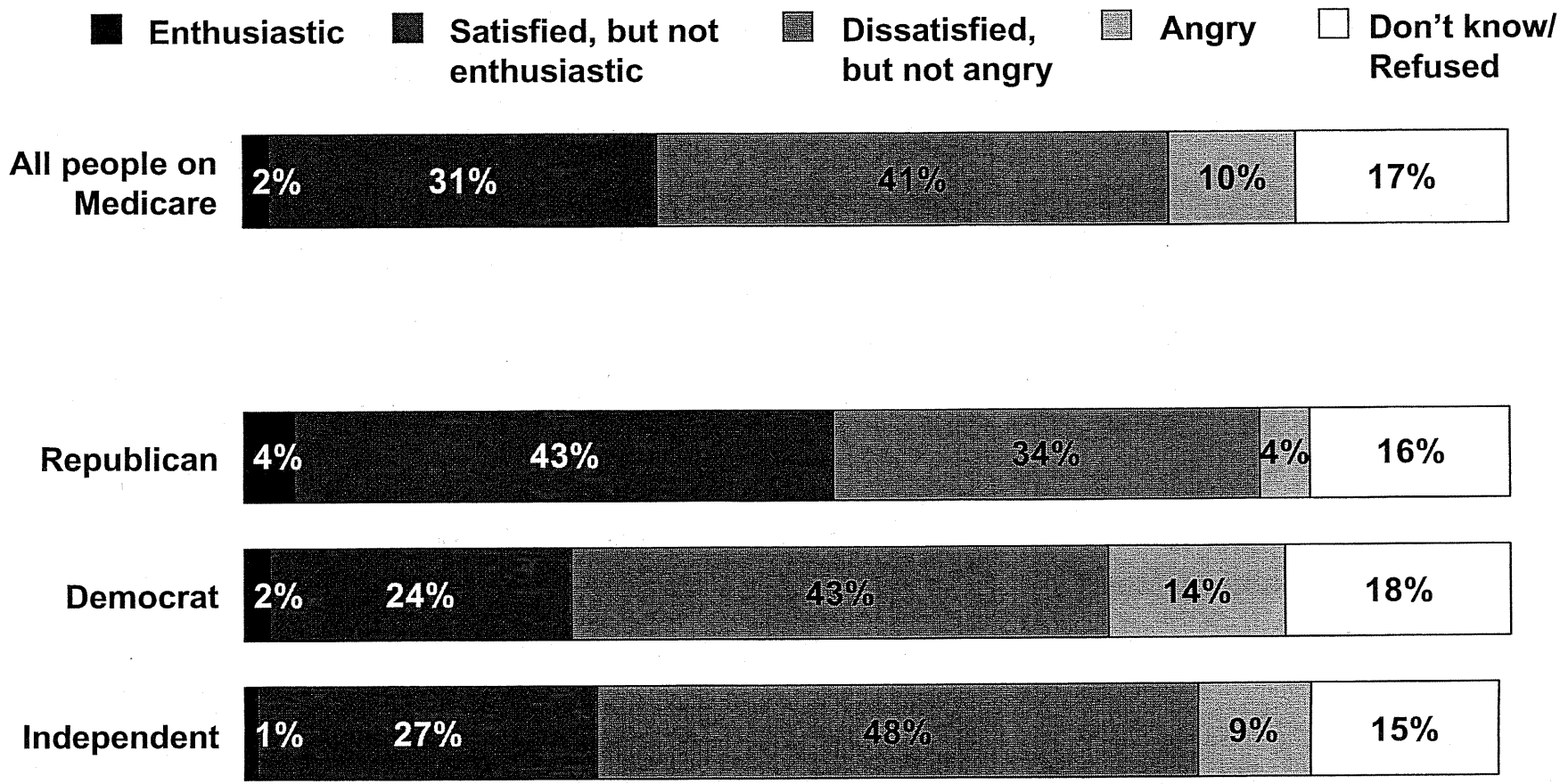


Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

Chart 5

Strength of Feelings About New Medicare Law

Which of the following comes closest to how you personally feel about the new Medicare law?

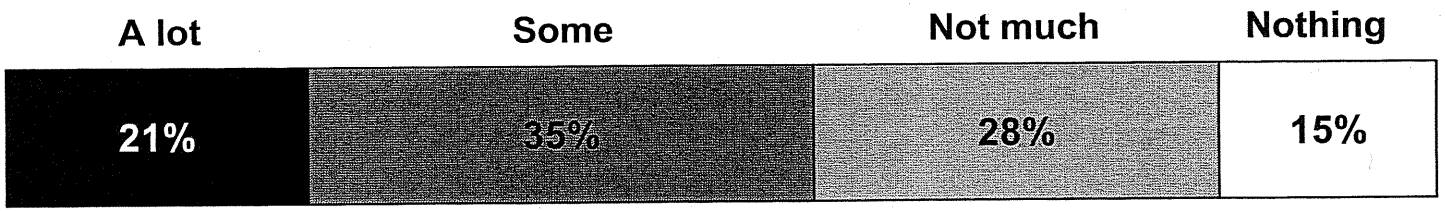


Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

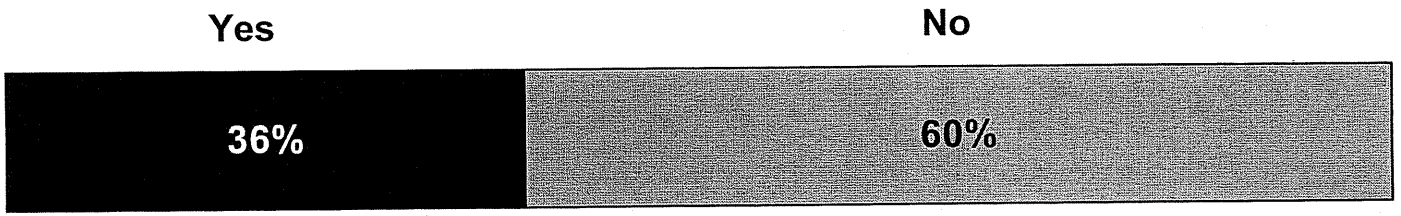
Chart 6

Familiarity With and Understanding of New Law

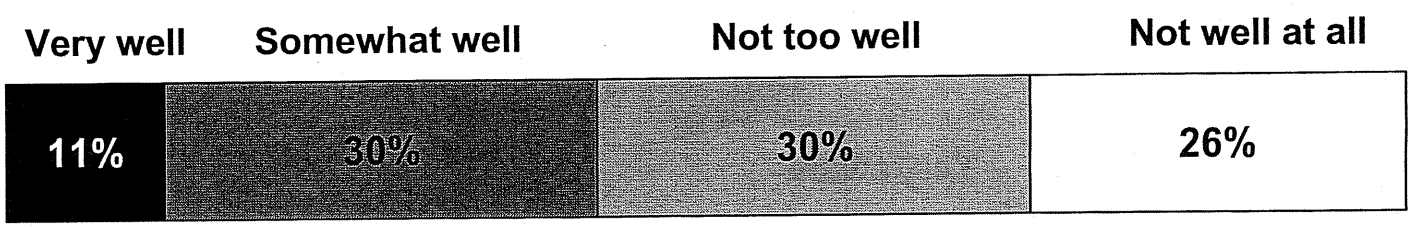
How much have you heard or read about the recently enacted Medicare law?



Do you feel you have enough information about the law to understand how it will impact you personally, or not?



How well would you say you understand this new law?



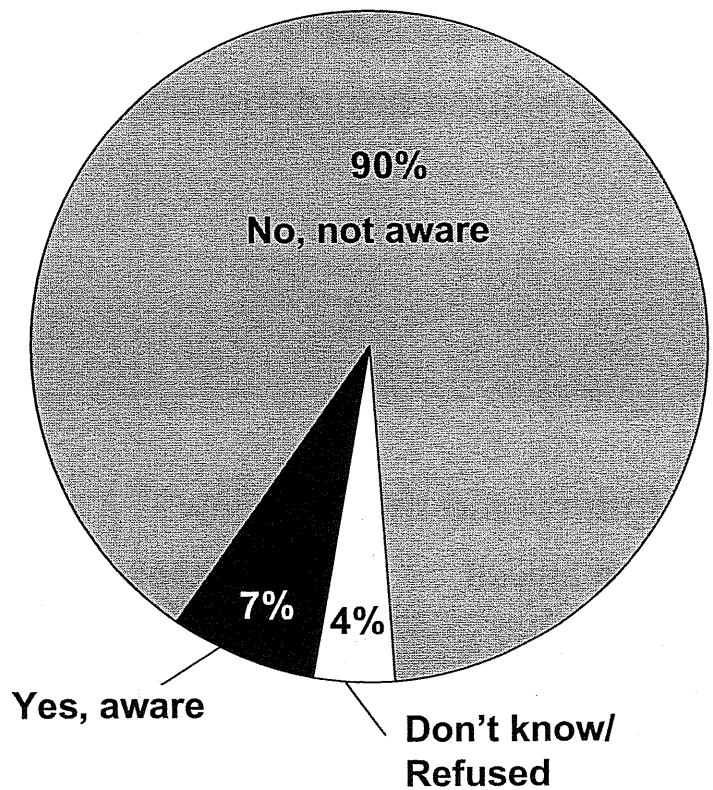
Note: Don't know responses not shown

Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

Chart 7

Awareness of Change in Medicaid Drug Coverage

[Among the 15% who currently have prescription drug benefits through Medicaid] Were you aware that in 2006, people who are on both Medicare and Medicaid will get their prescription drug benefits from Medicare instead of from Medicaid, or is this not something you were aware of?

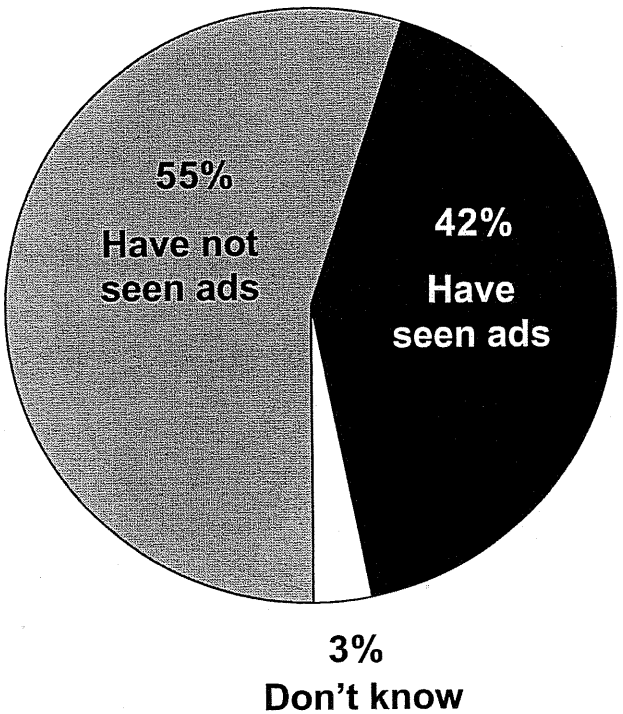


Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

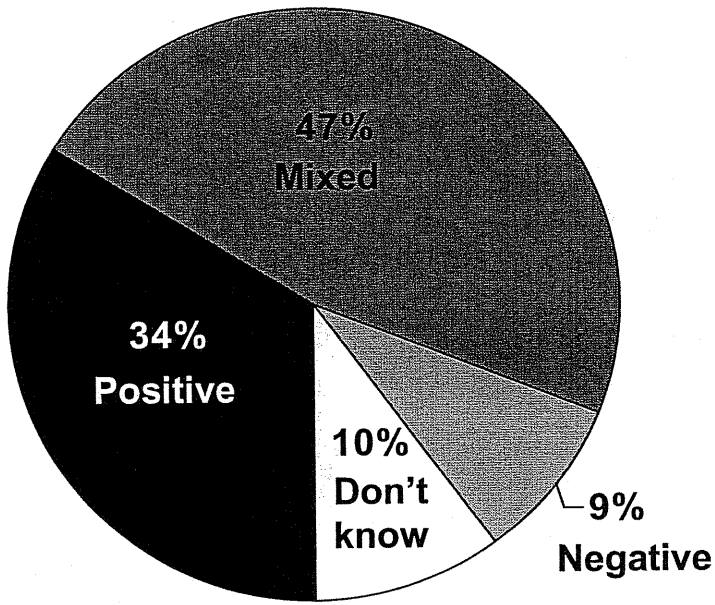
Chart 8

Attention to and Perceptions of TV Ads About Law

In the past month, have you seen any television advertisements about the new Medicare law, or not?



AMONG THOSE WHO HAVE SEEN ADS: Overall would you say these ads were generally positive or negative towards the law, or were they mixed?

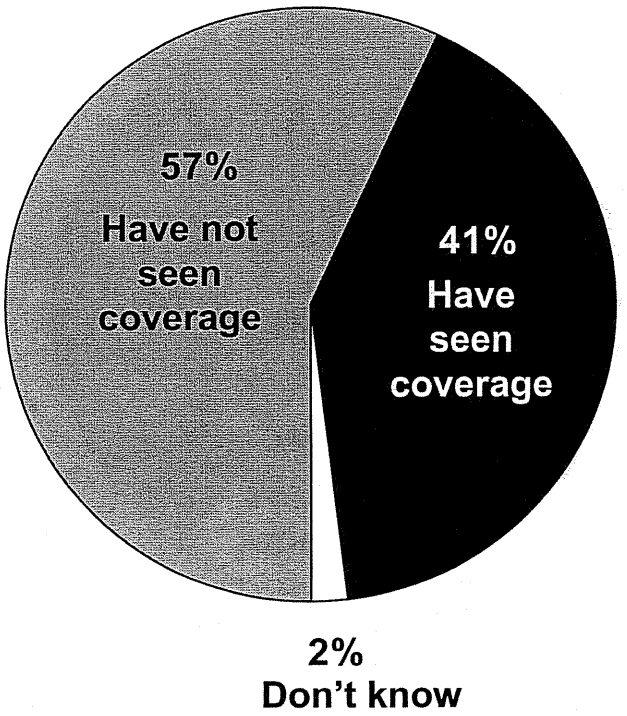


Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

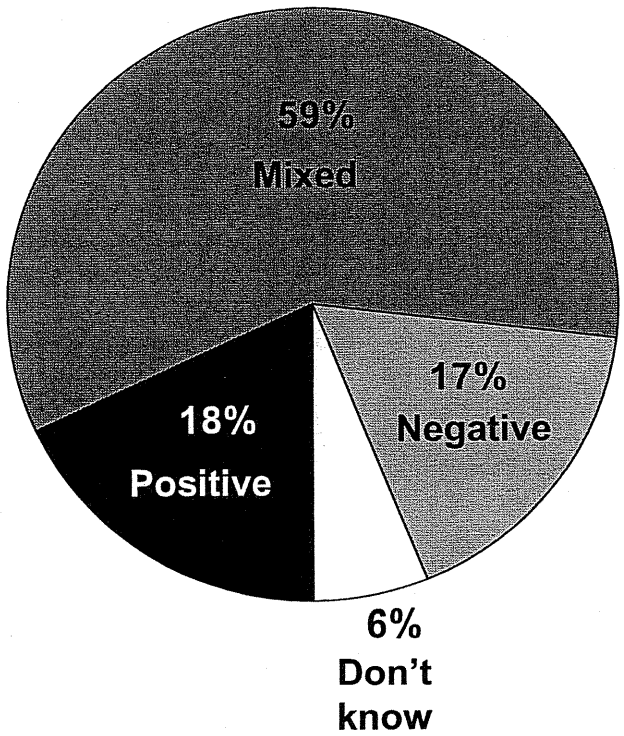
Chart 9

Attention to and Perceptions of News Coverage of Law

In the past month, have you seen, heard, or read any news coverage about the new Medicare law, or not?



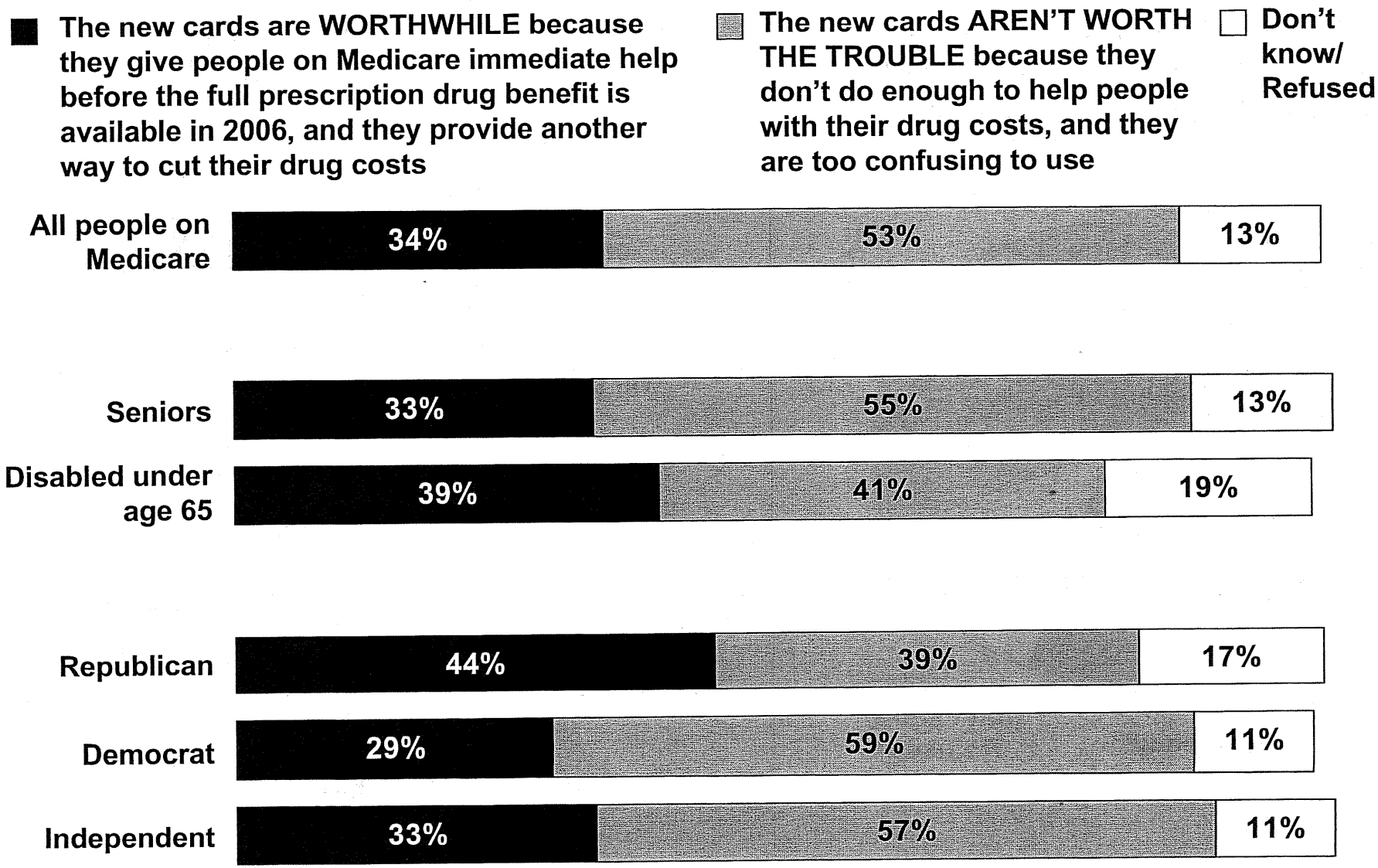
AMONG THOSE WHO HAVE SEEN COVERAGE: Overall would you say this coverage was generally positive or negative towards the law, or was it mixed?



Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

Chart 10

Impressions of Medicare-Approved Discount Cards

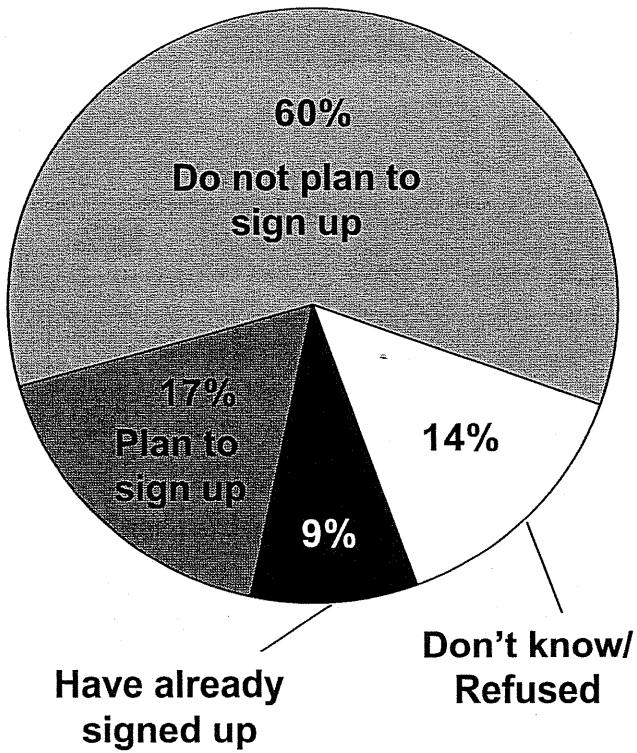


Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

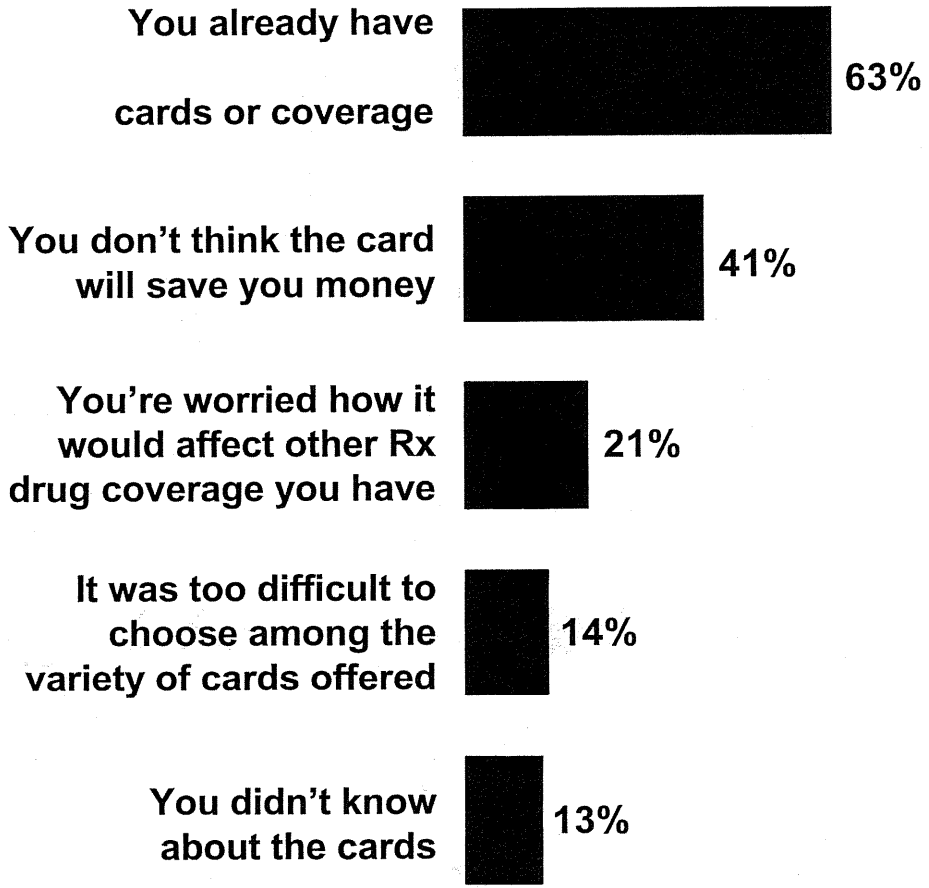
Chart 11

Signing Up For Discount Cards

Percent of people on Medicare saying they already have or plan to sign up for a Medicare-approved drug discount card



Among the 60% who say they don't plan to sign up, percent citing the following reasons…

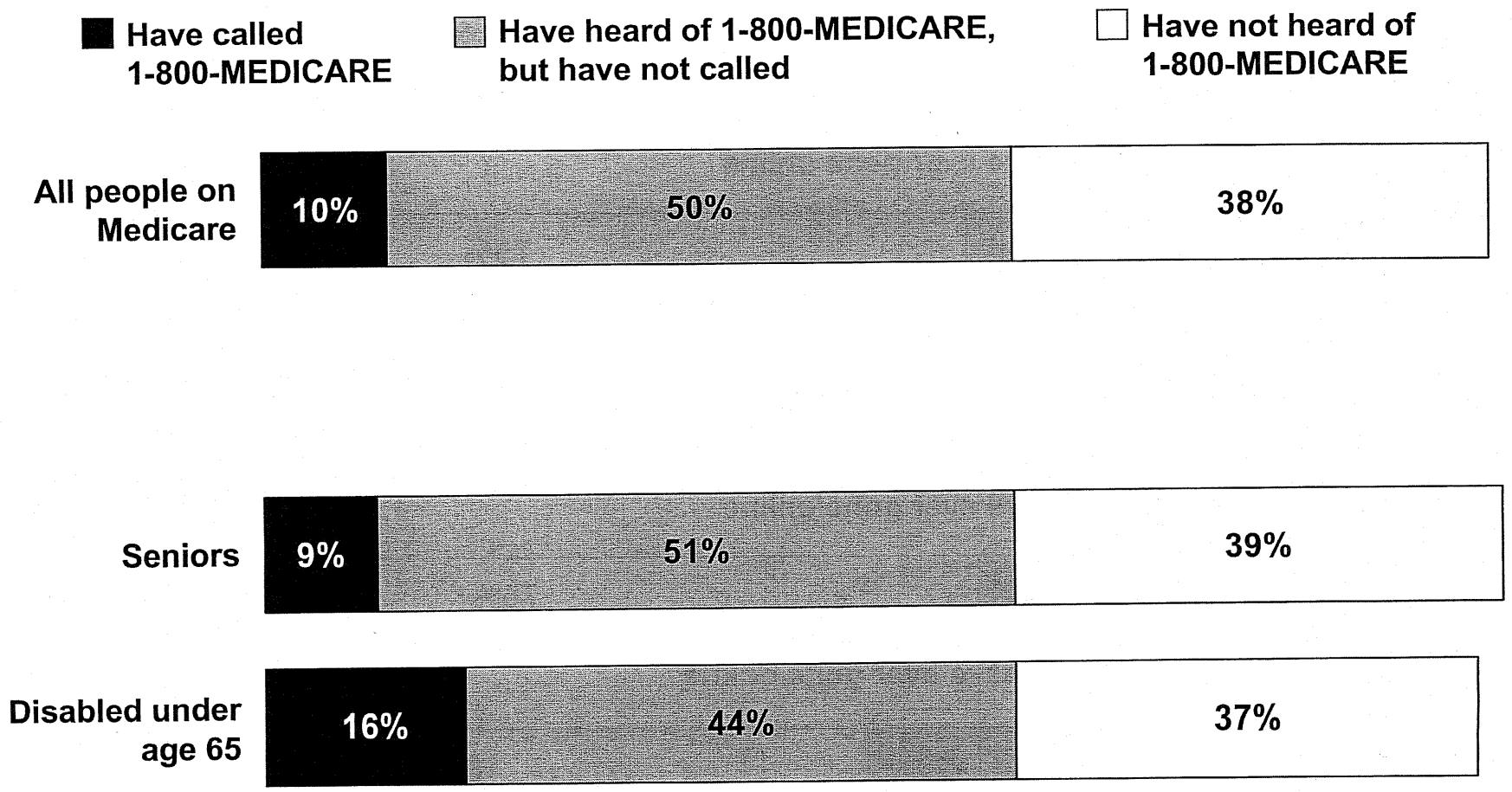


Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

Chart 12

Reported Awareness and Use of 1-800-MEDICARE

Percent who say they have heard of/called 1-800-MEDICARE...



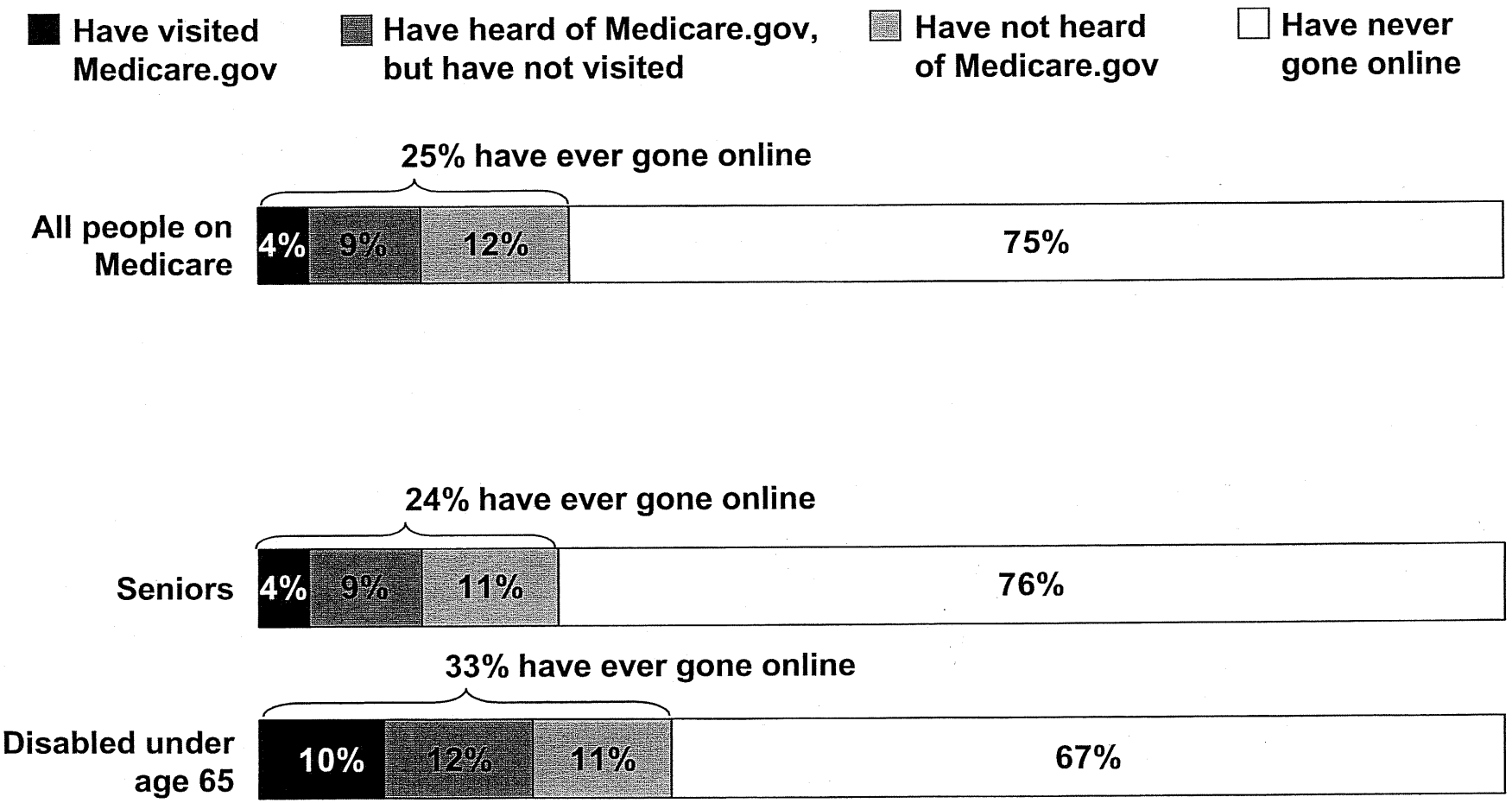
Note: Don't know responses not shown

Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

Chart 13

Reported Awareness and Use of Medicare.gov

Percent who say they have gone online/heard of/visited Medicare.gov…

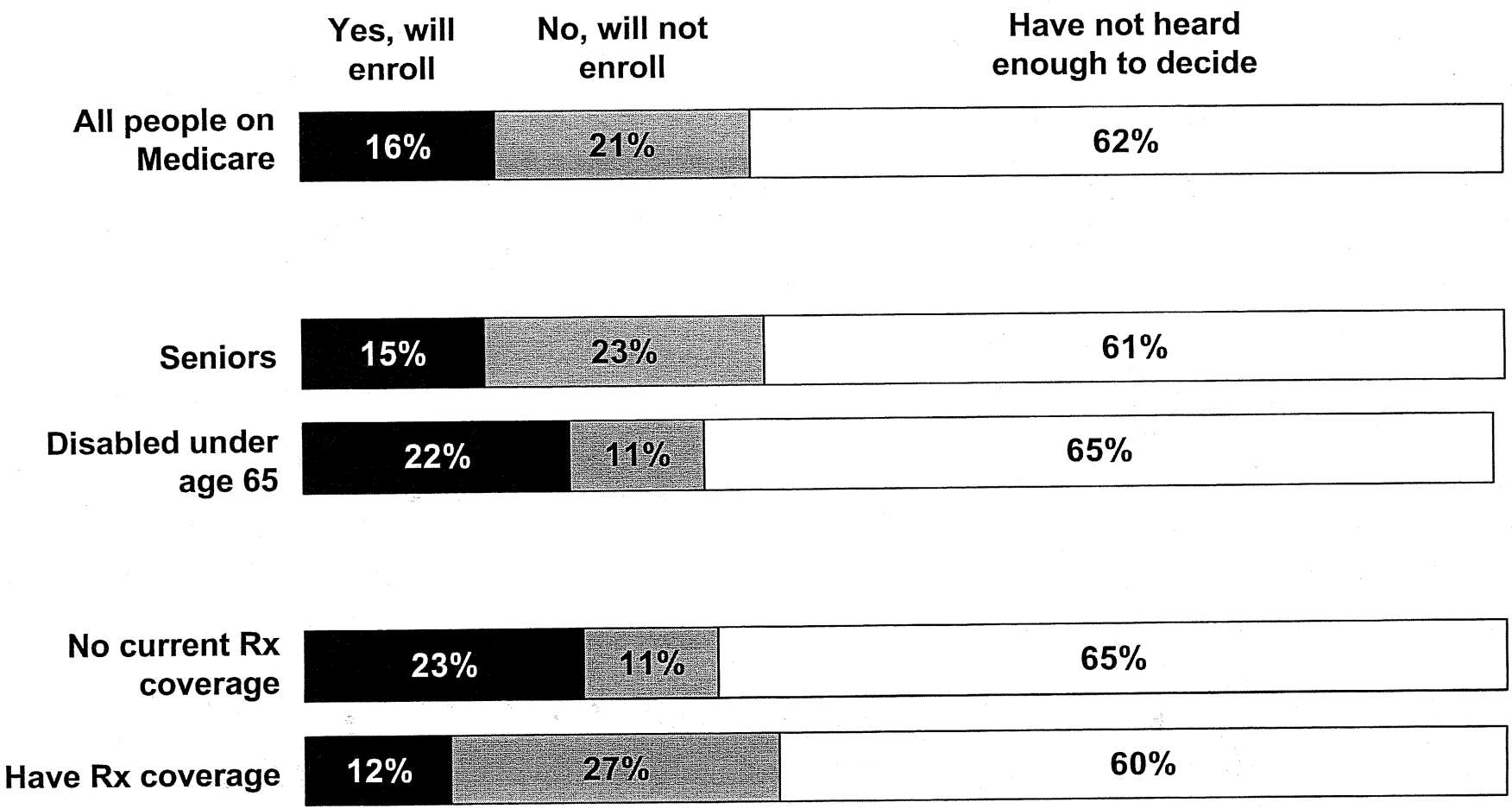


Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

Chart 14

Reported Plans for Enrollment in 2006 Benefit

Thinking ahead to 2006 – when the new Medicare drug benefit becomes available – do you think you will enroll in a Medicare drug plan, you will not enroll in a Medicare drug plan, or have you not yet heard enough to decide?

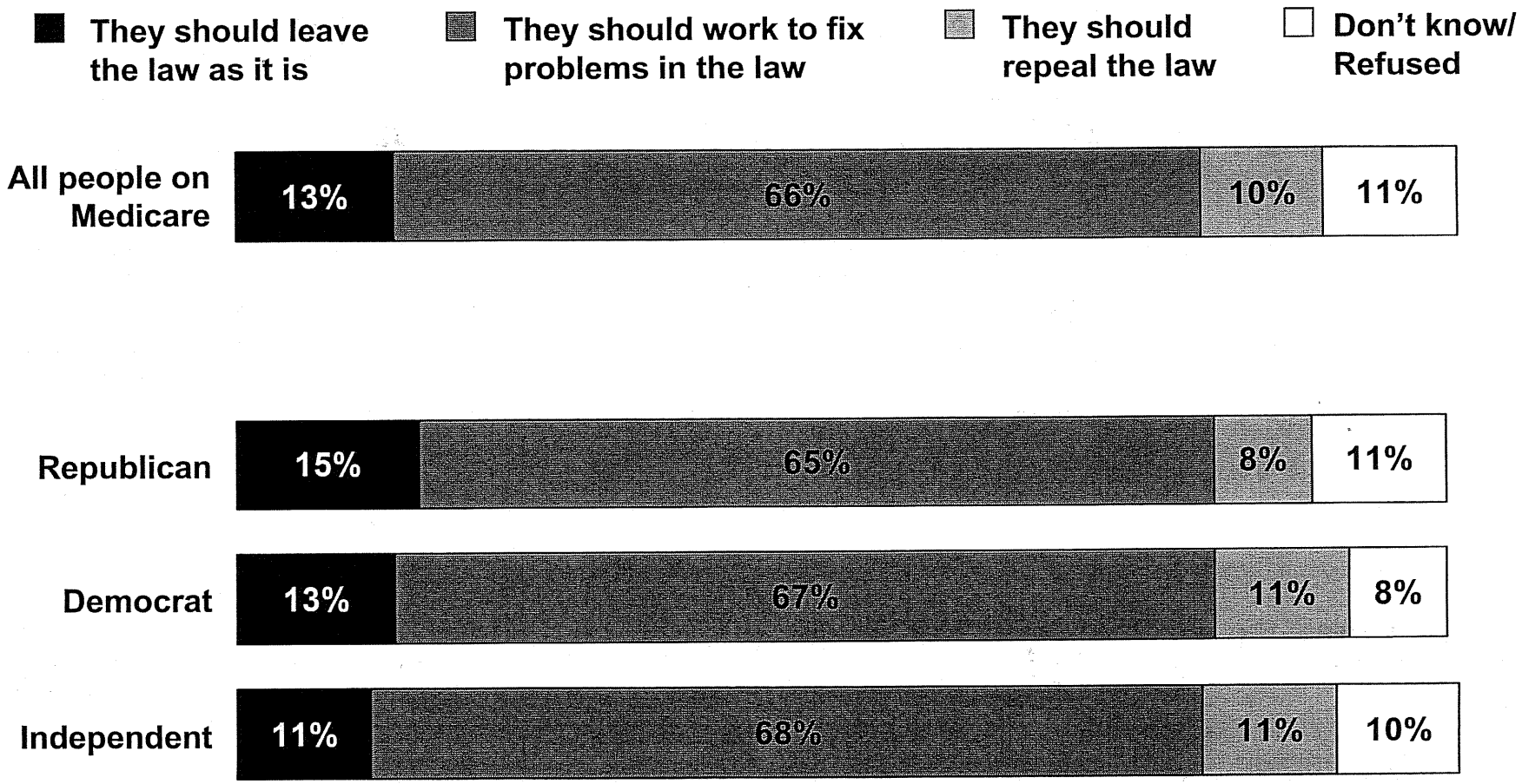


Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

Chart 15

What Should Lawmakers Do?

Which of the following comes closest to your view of what lawmakers in Washington should do with the new Medicare law?



Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

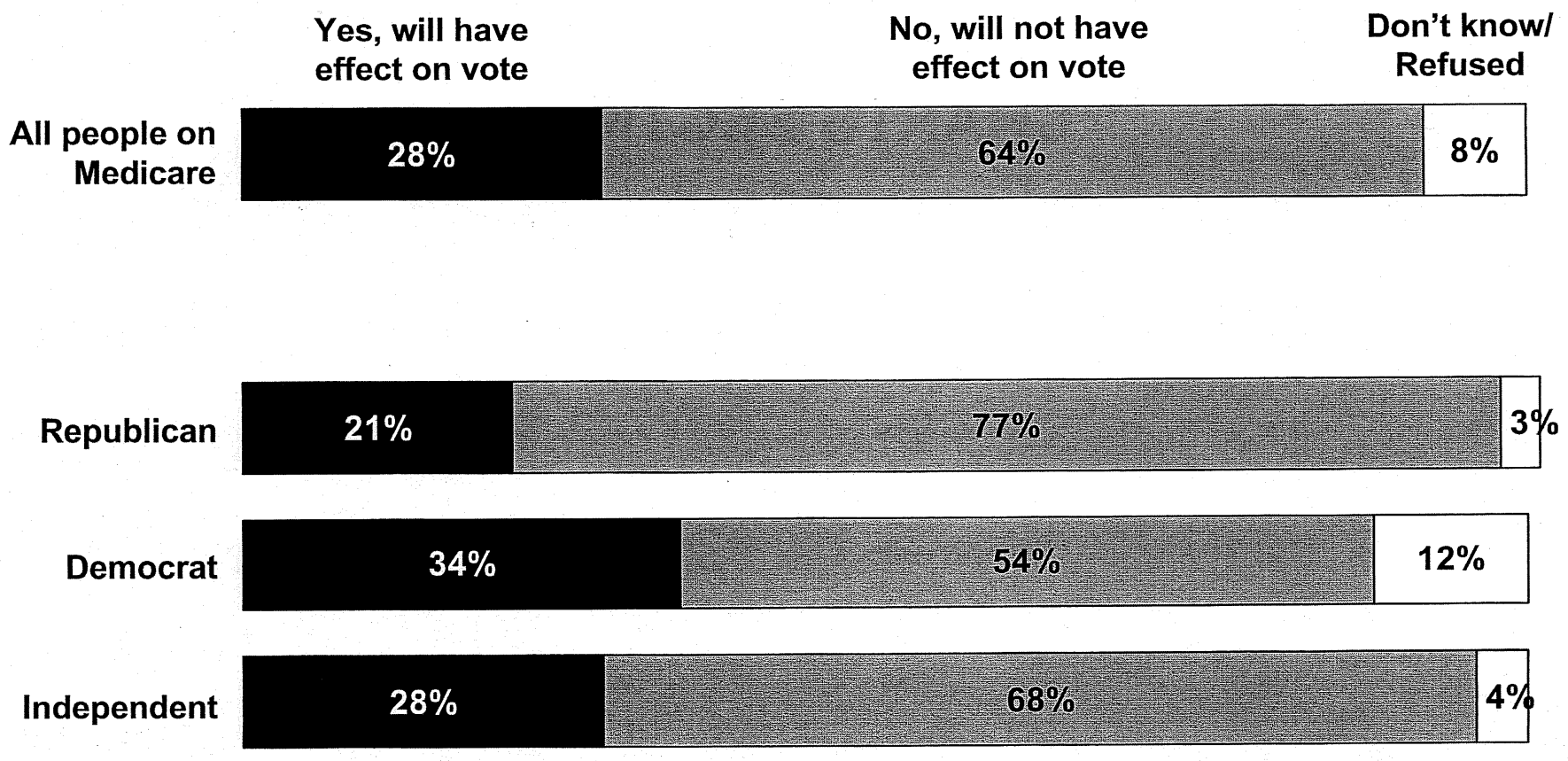
CHARTS SECTION II:

POLITICS AND POLICY IMPLICATIONS

Chart 16

Impact of Medicare Law on Vote for President

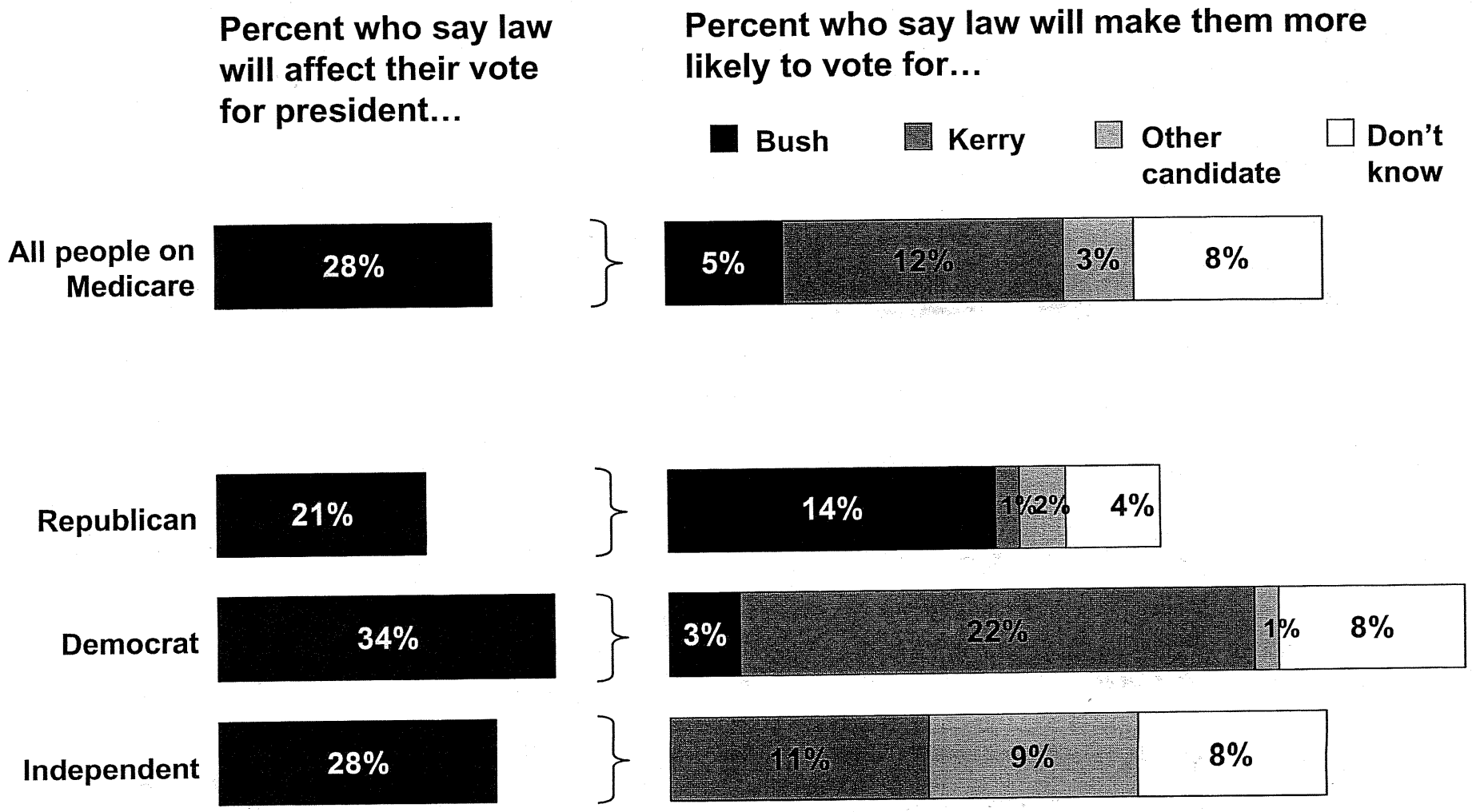
Thinking ahead to the presidential election in November, will the recent passage of the new Medicare law have an effect on your vote for president, or will it not have an effect on who you choose to vote for?



Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

Chart 17

Impact of Medicare Law on Vote for President

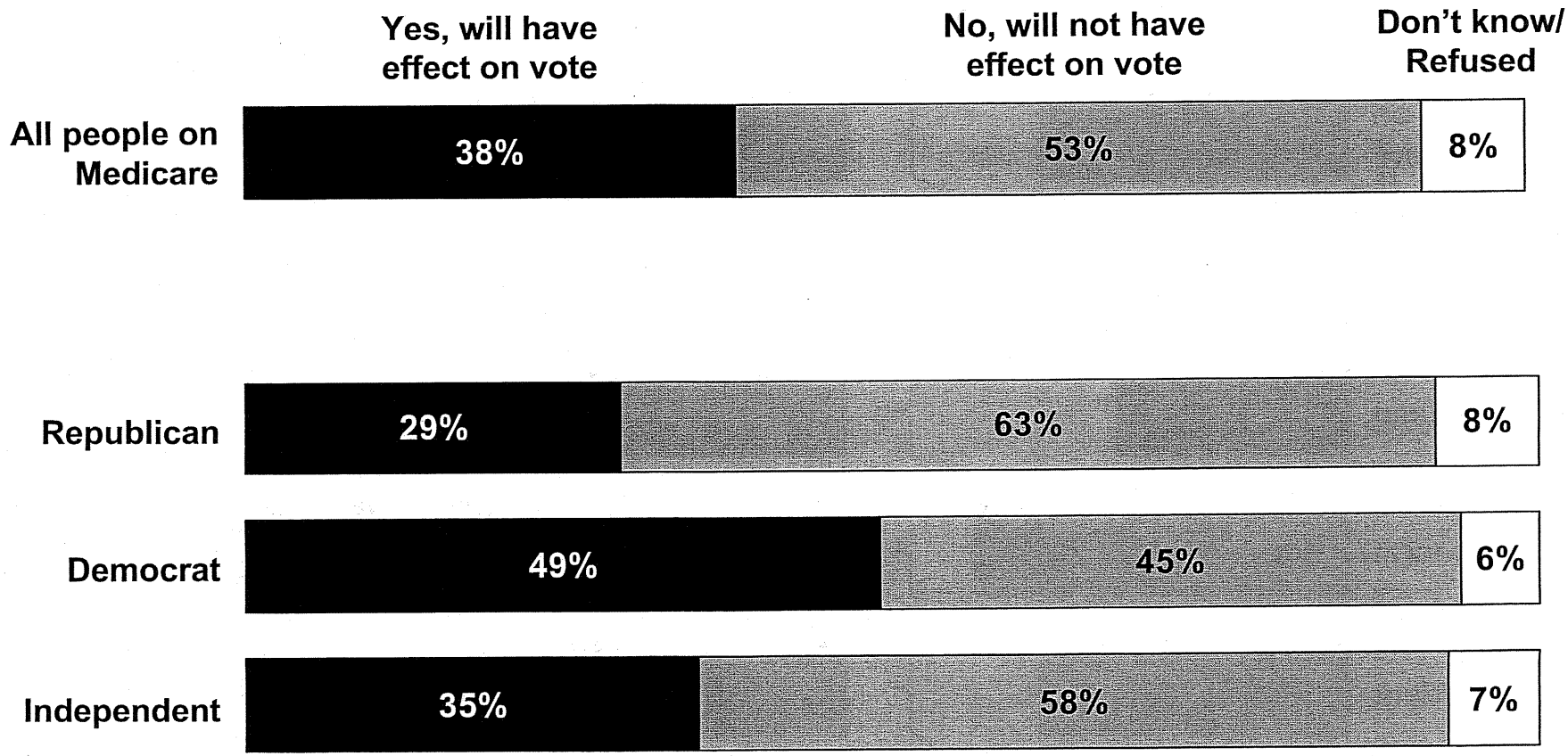


Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

Chart 18

Impact of Medicare Law on Vote for Congress

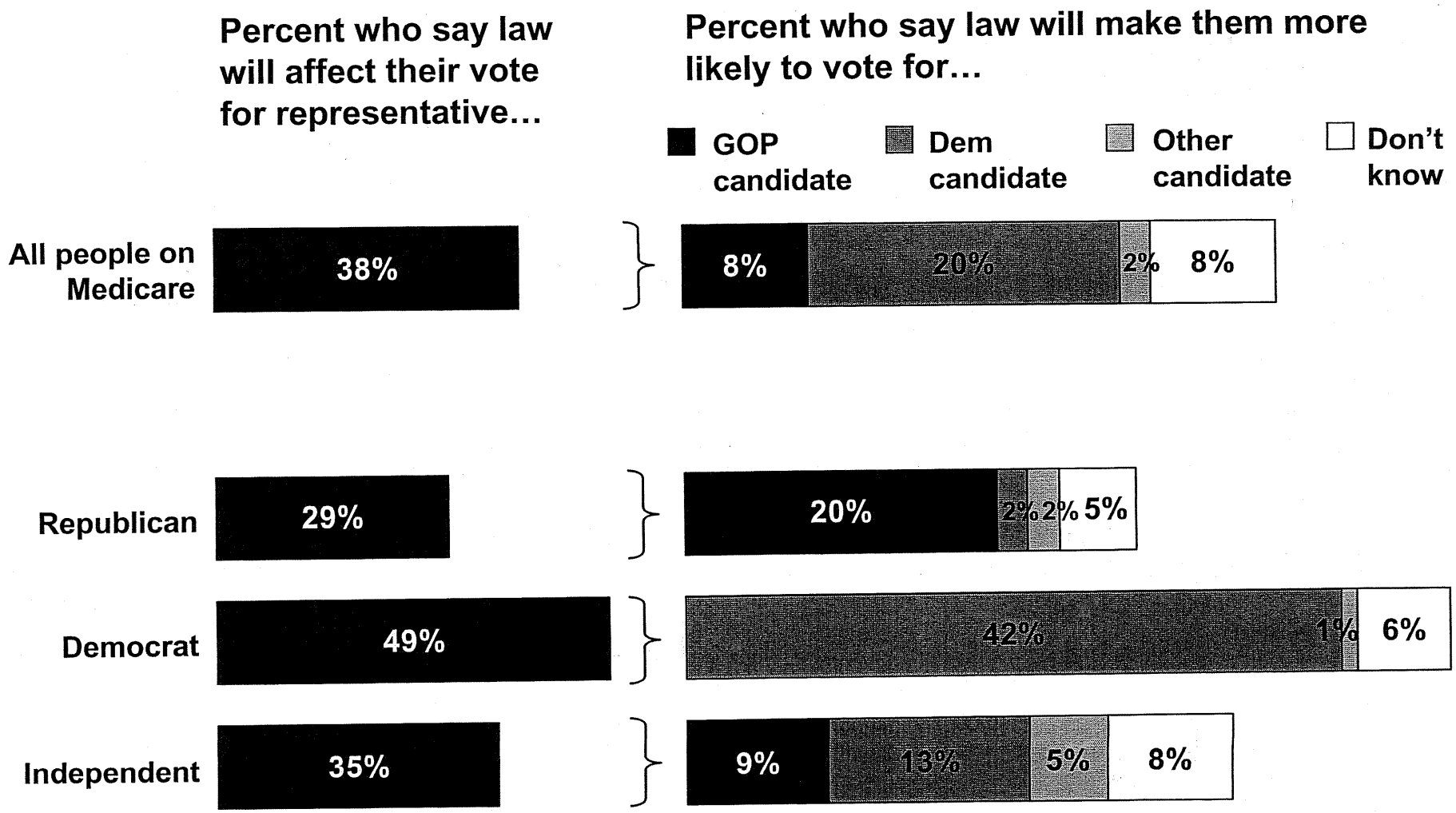
Thinking ahead to the election for U.S. representative from your district, will the recent passage of the new Medicare law have an effect on your vote for representative, or will it not have an effect on who you choose to vote for?



Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

Chart 19

Impact of Medicare Law on Vote for Congress

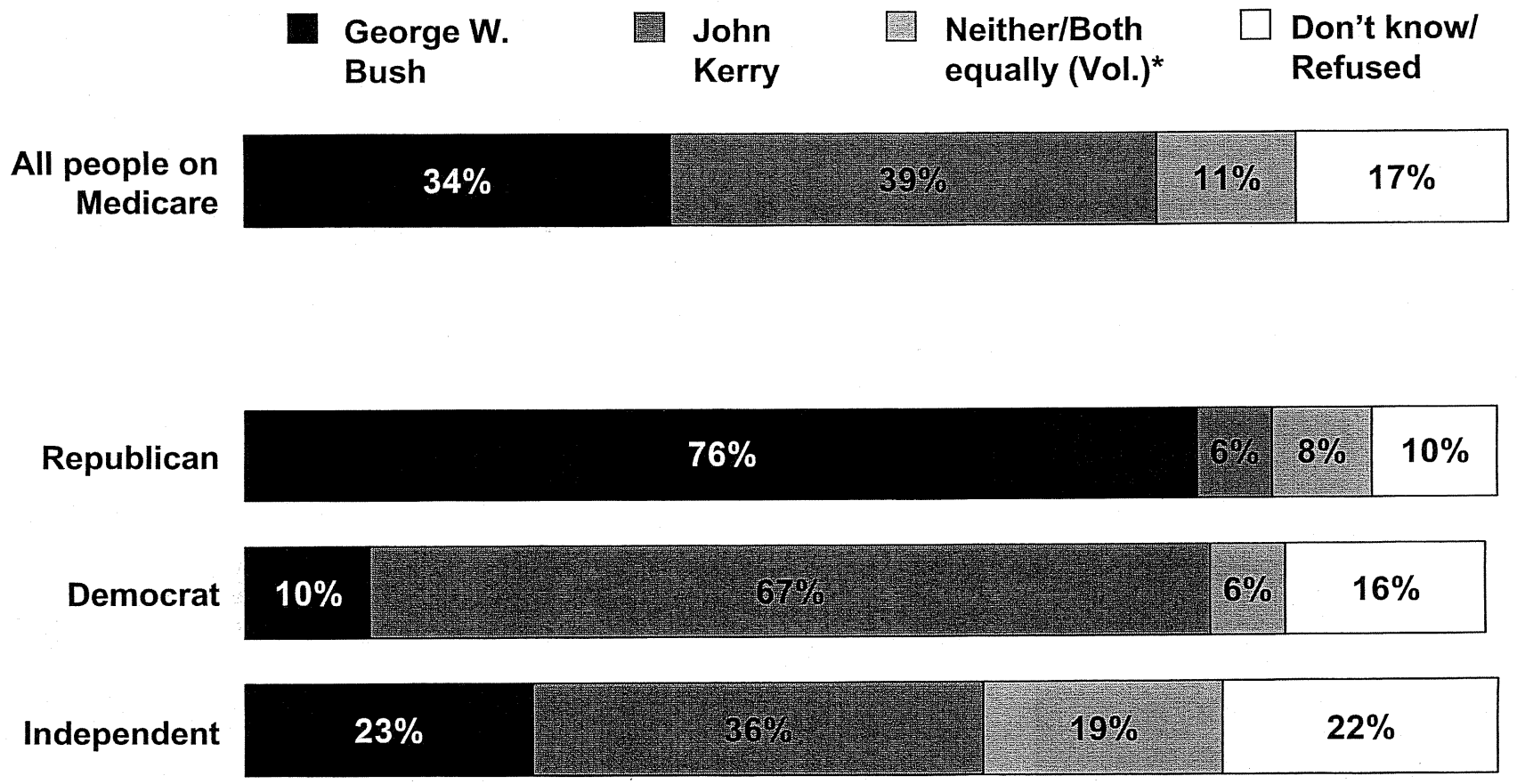


Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

Chart 20

Trust in Candidates on the Issue

Who do you trust to do a better job of handling prescription drug benefits for people on Medicare?



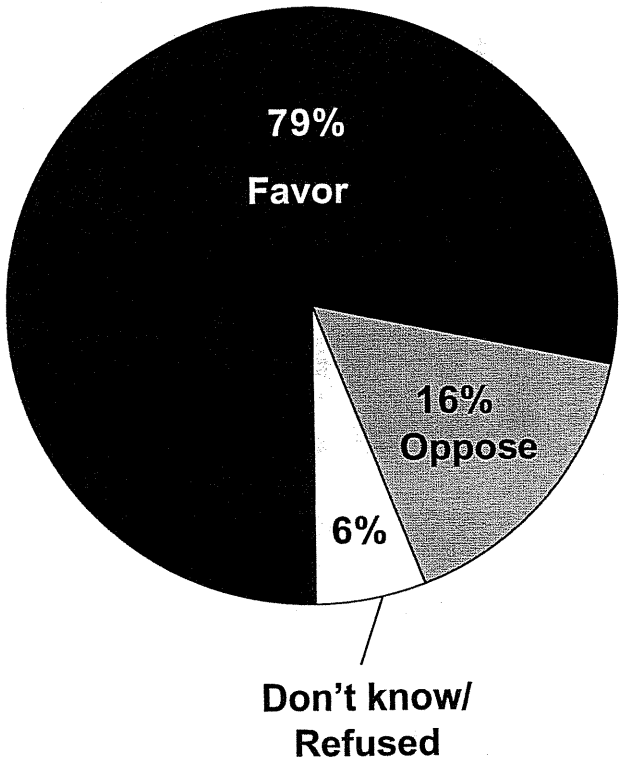
*Note: "Vol." indicates a volunteered response.

Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

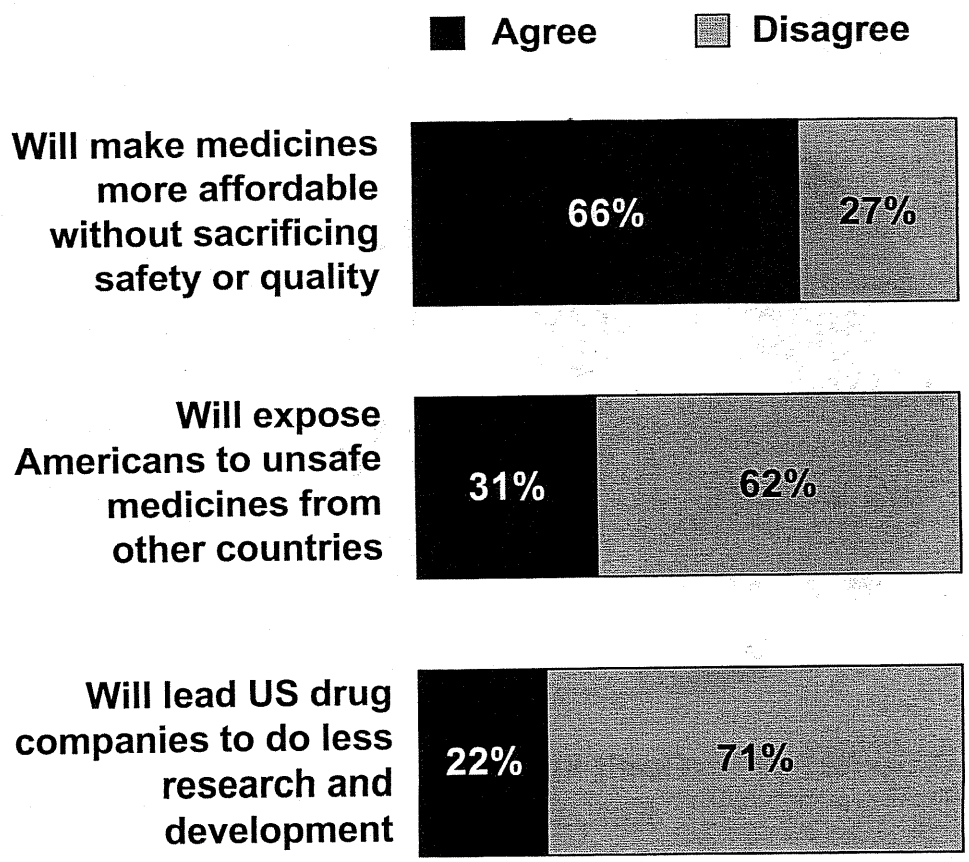
Chart 21

Buying Prescription Drugs From Canada

Do you favor or oppose changing the law to allow Americans to buy prescription drugs from pharmacies in Canada if they think they can get a lower price?



Percent saying they agree/disagree that allowing Americans to buy prescription drugs from Canada...*



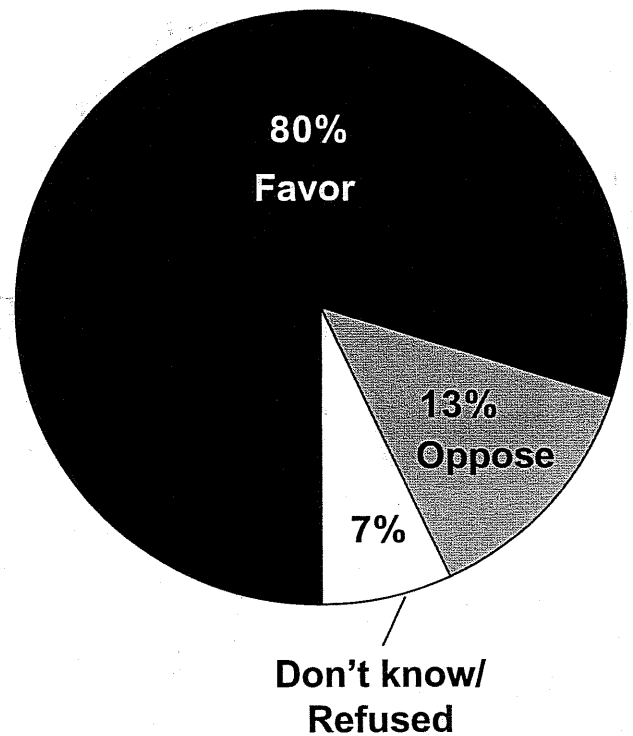
*Note: Don't know responses not shown

Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)

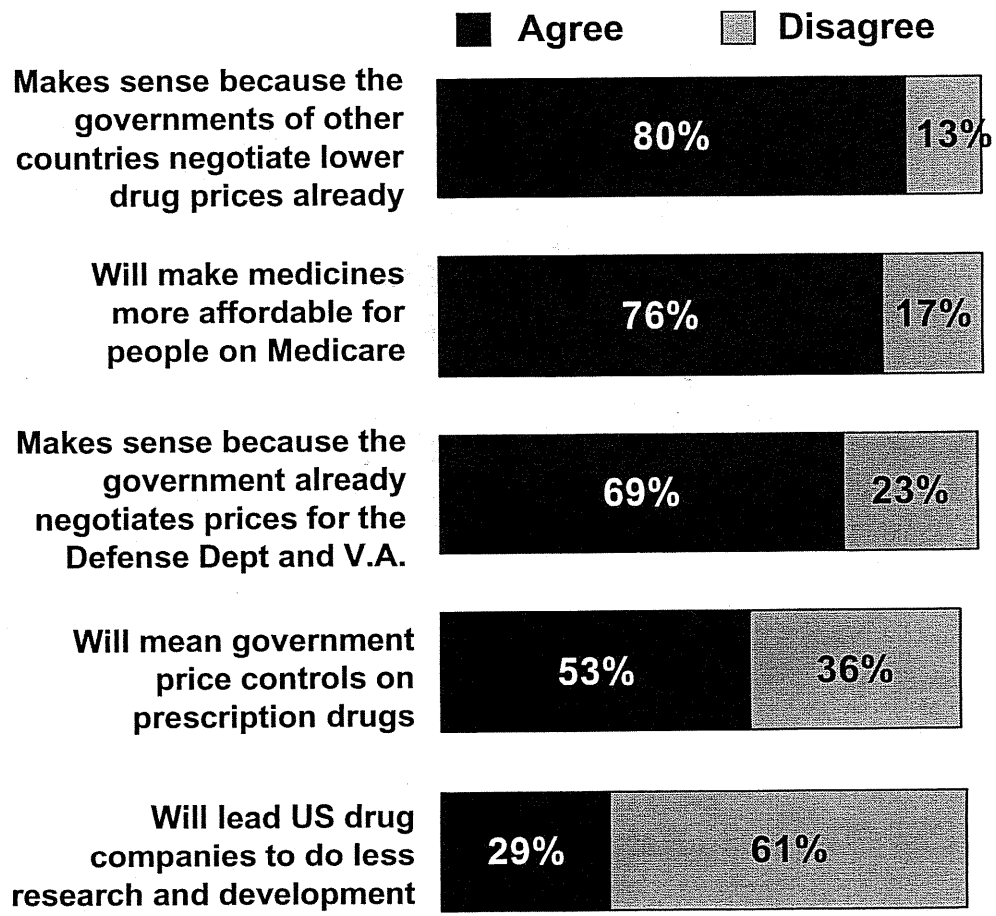
Chart 22

Government Negotiating with Drug Companies

Do you favor or oppose changing the law to allow the federal government to use its buying power to negotiate with drug companies to try to get a lower price for prescription drugs for people on Medicare?

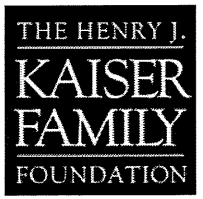


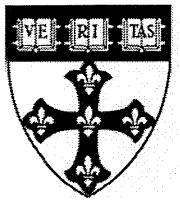
Percent saying they agree/disagree that allowing the federal government to negotiate with drug companies for lower prices...*



*Note: Don't know responses not shown

Source: Kaiser Family Foundation/Harvard School of Public Health *Views of the New Medicare Drug Law: A Survey of People on Medicare* (6/16-7/21/2004)





HARVARD
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Attachment 2

Board of Pharmacy's Web Site Information on the Federal Drug Discount Cards

from: Board of Pharmacy's Web-Site.

Considering the Purchase of a Medicare Drug Discount Card?

The federal government is warning the public that the Medicare drug discount card may become a way for some criminals to attempt to scam seniors, or to obtain personal or financial information from seniors.

The new discount cards will be available in late April 2004 and can be used starting June 1 to lower the price of certain prescription drugs by 10 to 25 percent.

Medicare beneficiaries can purchase the discount card. Those Medicare beneficiaries who qualify as low income will not need to pay a fee for the discount cards and will receive a $600 credit on the cards to purchase their prescription medicines in both 2004 and 2005. The cards will be valid until January 1, 2006, when a new prescription drug benefit from the government will be available.

Here is what you need to know to prevent becoming a victim of a scam involving the drug discount cards:

1. The cards will be sold for no more than $30 per year, and will have no fee for those who have annual incomes below specific levels ($12,569 for singles or $16,862 for married couples).
2. Only 28 companies selected by the government can offer the cards. For a list, go to http://www.medicare.gov or call 1-800-MEDICARE.
3. The only way to purchase the card will be from information you receive in the mail. There will be NO telephone sales or personal contacts (such as door-to-door sellers). If someone calls you or comes to your door trying to sell you a drug discount card – do not purchase one from this person, and do not give the person any information about you.

The federal government has a website with a lot of information to help you make wise decisions about the prescription drug discount cards. There is also printed information available if you call. Go to: http://www.medicare.gov or call 1-800-MEDICARE.

Attachment 3

Federal Government's Web Site Pages/Information for Medicare Recipients

Features >>

NEW! **Find available Medicare-approved drug discount cards, and compare prices for your prescriptions**

Information about the Medicare Prescription Drug Improvement and Modernization Act of 2003

NEW! **Medicare Replacement Drug Demonstration**

Helpful Contacts Gets a New Look

Search Tools

Prescription Drug and Other Assistance Programs
Identify Medicare-approved drug discount cards, their drug prices and other programs that may assist with your prescription drug costs.

Nursing Home Compare
Compare nursing homes in your area.

Medicare Personal Plan Finder
Helping you compare health

Publications
View, order, or download Medicare publications.

plan options (including Medicare + Choice and supplemental insurance plans) in your area.

- **Medicare Eligibility Tool**
  Determine your Medicare eligibility and enrollment status.
- **Participating Physician Directory**
  Locate Medicare participating physicians in your area.
- **Your Medicare Coverage**
  Your health care coverage in the Original Medicare Plan.
- **Home Health Compare**
  Compare home health agencies in your area.
- **Supplier Directory**
  Locate Medicare participating suppliers in your area.
- **Helpful Contacts**
  Find phone numbers and websites.
- **Dialysis Facility Compare**
  Compare dialysis facilities in your area.
- **Frequently Asked Questions**
  Locate answers to your questions about Medicare.

Centers for Medicare & Medicaid Services

Department of Health and Human Services

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Prescription Drug and Other Assistance Programs

(Including Medicare-Approved Drug Discount Cards)

What you will need to get started.

Welcome to the Prescription Drug and Other Assistance Programs section of **www.Medicare.gov**. This section provides information on public and private programs that offer discounted or free medication, programs that provide help with other health care costs, and Medicare health plans that include prescription coverage.It also provides information on even more ways you can reduce your prescription drug costs, such as by using generic alternatives.

Medicare-Approved Drug Discount Cards

This site now has information about the new Medicare-approved drug discount cards. Most people with Medicare can get a Medicare-approved drug discount card. If you choose to enroll in a Medicare-approved drug discount card one month, you can start saving by using your discount card as early as the first day of the next month.

More information about Medicare-approved drug discount cards is available in the **Guide to Choosing a Medicare-Approved Drug Discount Card**.

What you will need to get started.

Note: This tool is entirely confidential. We will not save or share the information you provide with anyone for any purpose.

Step 1 of 2 - Please answer the following questions:

Step 1a: Please answer the following questions

1. Do you have Medicare? select one

2. Are you receiving any of the following? **Help**

- ☐ Outpatient prescription drug benefits under your State Medicaid Program *(your state may call this Medical Assistance)*
- ☐ TRICARE *(military health insurance)*
- ☐ FEHBP *(health insurance for Federal employees or retirees)*
- ☐ Other health insurance coverage that includes prescription drugs, such as employer/retiree plans or some Medicare managed care plans*(does not include coverage through a Medicare + Choice plan or Medigap policy)*
- ☑ None of the above

3. Please enter your ZIP Code in the following text box. **ZIP Code Locator**

Continue >

Top of page

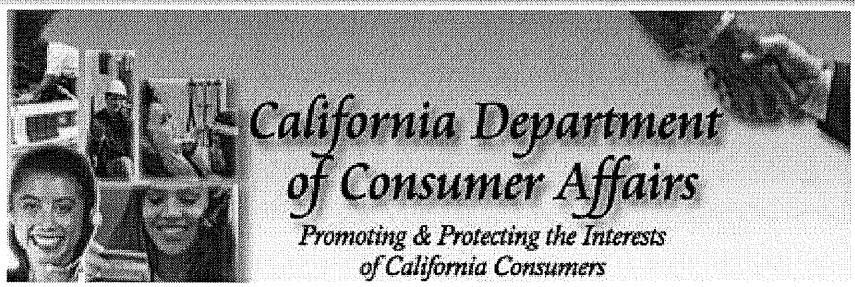
Attachment 4

Information about the Federal Drug Discount Program Available from other State Web Sites

DCA Home
About DCA
Consumer Information
Consumer Smart Kids
DCA Reports
Director's Message
File A Complaint
Jobs at DCA
Licensee Information
License and Complaint History
Press Releases
Publications
What's New

Helpful Consumer Sites
- DCA Boards/Bureaus
- Consumer Help
- State Government
- Federal Government

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
400 R Street
Sacramento, CA 95814
(800) 952-5210
(916) 445-1254
TDD: (916) 322-1700
email: dca@dca.ca.gov



Medicare Prescription Drug Discount Cards

Fast Facts
JUNE 2004

CONSUMER INFORM SHEET

Find the Best Deal Before Signing Up for a Discount Card

- The cards are for Medicare patients that do **not** have outpatient prescription drug coverage Medicaid.
- You can keep previous discount programs or insurance coverage **and** apply for a Medicare card.
- You can only have one *Medicare* discount card at a time. The card can cost up to $30 a year.
- Private business and organizations offer the discount cards, so the discounts can vary with each card.
- The cards can be restricted to just one pharmacy and only certain drugs.
- There is no deadline to apply for the card.

Watch Out for Phony
for the Medicare seal and check the Medic approved providers. cards that are solicit door or by phone. Be of anyone asking for Social Security or cr numbers.

This is a temporary program that ends when the next phase starts January 1, 2006. The people wh the most from the card are those who qualify for an additional $600 credit. Annual incomes must b than $12,569 for a single person or $16,862 for couples.

Additional Ways to Save On Prescription Drugs

- Ask your pharmacist for generic drugs or substitutes
- Check for individual store discount programs
- Shop around - prices vary from store to store
- Ask your doctor if manufacturer samples or trial supplies are available.
- Compare prices at safe internet pharmacies like those verified by the Pharmacy Board Ass (NABP) http://www.nabp.net/

Where to Get More Information

Before calling, or searching the Internet, gather up your prescriptions and get the names and dosa off the bottles.

Medicare Web site: (www.medicare.gov)

- http://www.medicare.gov/AssistancePrograms/home.asp

Call Medicare:

- Toll-free 1-800-MEDICARE (1-800-633-4227 or TTY 877-486-2408)

Printable Version of this Fact Sheet

This web site contains PDF documents that require the most current version of Adobe Acrobat Reader to view. To download click on

DMHC Home Page

Resources

Get Help with Your HMO

Contact Your HMO

Independent Medical Review

HMO Report Card

Information about Health Plans

Information for Plans and Providers

Library

Law and Regulations

Frequently Asked Questions

Related Sites

The Department

About the DMHC

Advisory Boards

Office of the Patient Advocate

Small Business Advocate Program

Press Room

Subscribe to Updates

How Are We Doing?

Contact Us

Site Map

Department of Managed Health Care

What's New

- **DMHC approves majority of Blue Shield plan to narrow CalPERS HMO network.**
  - Press Release
  - Order of Approval
  - Blue Shield Undertakings
  - Attachment B to Undertakings
- See Maxicare for the latest contact information.

Upcoming Meetings

- No public meetings scheduled at this time.

Highlights

- **Medicare-Approved Drug Discount Card**
  If you have Medicare and **don't** have outpatient prescription drug coverage through Medicaid, you can get a Medicare-approved drug discount card. You can enroll as early as May 2004. The discount cards are good until December 31, 2005, when Medicare's new prescription drug benefit starts on January 1, 2006. For a small annual enrollment fee, these cards can help you save on your outpatient prescription costs.
- To those consumers who are newly eligible for enrollment or are continuing their enrollment in the **Post-MRMIP Graduate Program**, read updated information at Post-MRMIP Graduate Plan Guaranteed Coverage. The Comparative Benefit Matrix reflects information regarding 2004 participating Plans, eligibility and benefits. Also view the Rate Chart for information regarding the monthly subscriber contribution rates for 2004 and the general geographic areas in which the Post-MRMIP Graduate Plans are available.
- To plans and their capitated providers who pay claims - the Department has issued the prototype **AB 1455 Quarterly and Annual Reporting** formats to enable you to begin your collection of appropriate data.
- Learn about newly implemented **Consumer Participation Program** and apply on-line.